

Michigan Department of Community Health

Distribution: Ambulance 02-01
Hospital 02-01
Medicaid Health Plans 02-01

Issued: January 2, 2002

Subject: Ambulance Chapter III, Correction to Billing Instructions

Effective: Upon Receipt

Programs Affected: Medicaid, Children's Special Health Care Services

Purpose

The attached Chapter III has been revised to incorporate changes due to the Uniform Billing Project and changes due to the new HCPCS ambulance procedure codes that have been previously issued in bulletins. The revised chapter also provides clarifications of existing ambulance policy.

NOTE: MSA 01-04 "Uniform Billing Project for Ambulance Providers" erroneously referenced fields 43J or 43 K as the appropriate fields on the HCFA 1500 to enter modifiers. As stated in MSA 01-01 "Uniform Billing, Revised Chapter IV...", field 24D "Procedures, Services, or Supplies (CPT Codes plus Modifiers)," is the correct field on the HCFA 1500 to enter modifiers when they are necessary.

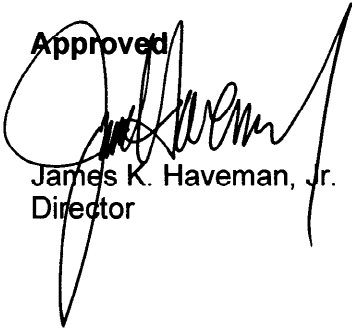
Manual Maintenance

Discard your old Chapter III and insert the new Chapter III in your Ambulance Manual. Discard MSA 01-04 Uniform Billing Project for Ambulance Providers. The information in this bulletin has been incorporated into Chapters III and IV. Discard MSA 01-05, Revised List of Diagnosis Codes for Emergency Ambulance Transport. This list is being reissued along with Chapter III, as the Diagnosis Codes for Emergency Ambulance Transport Appendix.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read 'J. Haveman, Jr.', written over the word 'Approved'.

James K. Haveman, Jr.
Director

A handwritten signature in black ink, appearing to read 'Robert M. Smedes', written in a cursive style.

Robert M. Smedes
Deputy Director for
Medical Services Administration



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GENERAL:

The primary objective of the Michigan Medicaid Program is to ensure that essential medical/health services are made available to those who would not otherwise have the financial resources to purchase them. The policies of the Program are aimed at minimizing the cost of medically necessary health care services provided to Medicaid beneficiaries.

Reimbursement for ambulance services is restricted to medically necessary and appropriate services when:

- Medical/surgical or psychiatric emergencies exist, or
- No other effective and less costly mode of transportation for medical treatment can be used because of the beneficiary's medical condition.

Services that have been excluded from direct reimbursement to ambulance providers are:

- Services which are not medically necessary.
- Services included as a part of the base rate.
- Services for beneficiaries in a LTC nursing facility that are reimbursed as part of the per diem or are billed separately by the facility.
- Services reimbursed as part of the DRG rate for beneficiaries who are inpatients at a hospital and are sent to another facility for services and returned to the originating hospital without being discharged from the originating hospital.
- Services to MHP enrollees, except for medically necessary ambulance transports related to dental, substance abuse and community mental health services.
- Non-ambulance, non-emergency medical transportation which is provided by a Medicaid health plan, or the Family Independence Agency reimburses the beneficiary or the transportation provider directly.

The section on Covered Services (Section 3) describes, in alphabetical order, the coverages and limitations for payment of ambulance services by the Medicaid Program.

Billing instructions follow the various coverages, where applicable. These instructions will assist the ambulance provider in obtaining reimbursement and should be used along with the completion instructions in Chapter IV and the HCPCS coding for ambulance.

AMBULANCE SERVICES:

The Michigan Department of Community Health recognizes different levels of medical services provided by qualified ambulance staff according to the standards established by law and regulation through Michigan Public Act 368 of 1978, as amended. The standards established for each level of service are detailed in the Base Rate sub-section of Section 3.

The Ambulance Quick Reference Guide (Section 5) may be used as a guide to Medicaid coverage for ambulance services.



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All services identified as covered "if medically necessary" must be ordered by a physician, and a copy of the physician's order must be retained in the beneficiary's file. The physician's order must contain, at a minimum, the following information:

- Beneficiary's name and Medicaid I.D. number,
- Medical necessity of an ambulance transport, and
- Physician's signature and Medicaid Provider I.D. number.

Emergency services do not require a physician's order, but documentation must be kept by the ambulance provider in the beneficiary's file supporting the emergency nature of the service.

When a beneficiary who is an inpatient in a hospital is transported to another hospital or to another facility for testing or treatment not available at the originating hospital, and is returned to the originating hospital without being discharged, the originating hospital is responsible for the cost of the transport.

MEDICAL NECESSITY:

Determination of medical necessity and appropriateness of service is the responsibility of the medical care personnel in attendance, including the emergency medical technician (EMT) at the scene of an emergency, within the scope of currently accepted medical practice and the limitations of the Program. Medical necessity for non-emergency transports must be substantiated by/with a physician's written order. Documentation of the medical necessity and appropriateness of service must be maintained by the ambulance provider in the beneficiary's file.

DIAGNOSIS CODING:

Providers must enter the appropriate diagnosis code on all ambulance claims using the International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM). Providers must report the most specific diagnosis code available that identifies the reason for the service. When billing for emergency transports providers should refer to the Diagnosis Codes for Emergency Ambulance Transports Appendix.

Documentation supporting the diagnosis code must be retained in the ambulance provider's records for audit purposes.

USUAL AND CUSTOMARY CHARGES:

The Program must be billed the provider's usual and customary "fee" charged to the public. If the public receives a service without charge, an ambulance provider cannot bill the Program for the same service. If one charge is made to tax paying residents in a given township, and a higher charge is made to nonresidents, the same charge formula should be applied for Medicaid beneficiaries.

Refer to the Third Party Billing instructions located in Chapter IV when the beneficiary also has Medicare or other insurance.



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MEDICARE/MEDICAID COVERAGES:

The Michigan Department of Community Health will reimburse the ambulance provider for the coinsurance and deductible amounts subject to the Program's reimbursement limitations on all Medicare approved claims, even if the Program does not normally cover the service.

The ambulance provider should refer to **Chapter IV** for instructions on completing the claim after Medicare has approved the services.



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Ambulance: A motor vehicle, watercraft, or aircraft that is primarily used or designated as available to provide transportation and basic life support or advanced life support.

Continuous or Round Trip: An ambulance service in which the patient is transported to the hospital, the physician deems it medically necessary for the ambulance to wait, and the beneficiary is then transported to a more appropriate facility for care or back to the place of origin.

Cooperating Hospital: A licensed hospital which supports an advanced mobile emergency care service as required by sections 20761(a) and 20763(b) of Public Act 368 of 1978, as amended.

Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate attention to result in:

- Placing the health of the individual (or, with respect to pregnant women, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part.

Emergency Patient: An individual whose physical or mental condition is such that it meets the definition of "emergency medical condition".

Emergency Response: A response that, at the time the ambulance provider is called, is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that in the absence of immediate medical attention could reasonably be expected to result in placing the beneficiary's health in serious jeopardy; in impairment to bodily functions; or in serious dysfunction to any bodily organ or part.

Emergency Transport: An emergency, pre-hospital service in which no physician has yet seen the patient, e.g., a transport from the scene of an accident to an emergency department.

Fixed Wing Air Ambulance: Transportation by a fixed wing aircraft that is certified as a fixed wing air ambulance and such ancillary services as may be medically necessary.

Helicopter (Rotary Wing) Air Ambulance: Transportation by a helicopter that is certified as an ambulance and such ancillary services as may be medically necessary.

Loaded Mileage: The number of miles for which the Medicaid beneficiary is transported in the ambulance vehicle.

Medically Necessary Transport: An ambulance transport which is required because no other effective and less costly mode of transportation can be used due to the patient's medical condition. The transport is required to transfer the patient to and/or from a medically necessary service not available at the primary location.

Psychiatric Emergency: Any condition that must be treated to prevent the patient from inflicting injury to self or others.



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Transfer: A non-emergency transport in which the patient is moved from one facility to another for care that is not available at the originating facility.



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AIR AMBULANCE:

FIXED WING AIR AMBULANCE SERVICES:

Fixed wing air ambulance providers must be licensed by the Michigan Department of Consumer and Industry Services and be properly enrolled with the Michigan Department of Community Health. Providers must indicate on the application for enrollment that they are requesting fixed wing air ambulance status. Fixed wing providers are to submit a copy of their license as an Aircraft Transport Operation which shows their aircraft registered as an Aircraft Transport Vehicle. Since all equipment standards must equate to current Basic Life Support (BLS) or Advanced Life Support (ALS) criteria as appropriate for the transported patient, providers must also submit a copy of their Commission on Accreditation of Air Medical Services (CAAMS) accreditation or an affidavit of substantial CAAMS accreditation compliance to document the provider's fixed wing aircraft as suitable for air ambulance transport. The Medicaid provider enrollment file will then reflect enrollment in the Program as a fixed wing air ambulance provider.

Prior Authorization:

All air ambulance transport provided by fixed wing aircraft must first be prior authorized. For details regarding prior authorization or for out of state services, providers should refer to the Out of State Non-Borderland Transports sub-section of Section 4.

Ambulance transport in a fixed wing aircraft is a covered service if the following requirements are met:

- The transport, including ancillary services (e.g., flight nurse), is ordered by a physician,
- The written physician order is maintained in the beneficiary's file,
- Transport by a ground vehicle would endanger the beneficiary's life due to time and distance from the hospital,
- Necessary care and medical services for the beneficiary's condition cannot be provided by the local facility, and
- Transport is for medical or surgical procedures only and not for diagnostic purposes.

NOTE: Any ground ambulance transportation ordered to and from the airport must be billed by the ambulance company in the normal manner.

HELICOPTER AIR AMBULANCES:

Helicopter air ambulance providers must be licensed by the Michigan Department of Consumer and Industry Services and be properly enrolled with the Michigan Department of Community Health. Providers must indicate on the application for enrollment that they are requesting helicopter air ambulance status. Providers are to submit a copy of their license with their enrollment application. The Medicaid provider enrollment file will then reflect enrollment in the Program as a helicopter air ambulance provider.



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Helicopter air ambulance services are covered by the Program **only** under the following circumstances:

- Time and distance in a ground ambulance would be a hazard to the life of the patient,
- The reason for the service is that the necessary care and services for the beneficiary's needs are not available at the local hospital, and
- The transfer is for medical or surgical therapy, not for diagnosis only.

Refer to Ambulance Services in Section 1 for documentation requirements for emergency and medically necessary services.

Coverage of helicopter air ambulance services includes the helicopter base rate, mileage, and waiting time.

Base Rate: Reimbursement for the helicopter air ambulance base rate includes oxygen, equipment and supplies essential for the provision of services and accompanying personnel.

Mileage: Mileage may only be billed for loaded air miles.

Waiting time: Waiting time which exceeds 30 minutes is reimbursable as detailed in the Waiting Time sub-section of this section.

BASE RATE:

The ambulance provider should bill one base rate procedure code [e.g., Basic Life Support Non-Emergency (BLS), Basic Life Support Emergency (BLS), Advanced Life Support 1 Non-Emergency (ALS1), Advanced Life Support 1 Emergency (ALS1), Advanced Life Support 2 (ALS2), Neonatal Emergency Transport, Helicopter Air Ambulance, or Fixed Wing Air Ambulance Transport]. The base rate must reflect the level of service rendered, not the type of vehicle in which the beneficiary was transported, except in those localities where local ordinance requires ALS as the minimum standard of service. Ambulance providers in these localities may bill the ALS rate which most closely fits the services rendered for all emergency transports, regardless of the level of service rendered. For transfers in these localities, the base rate billed must reflect the level of service rendered, not the type of vehicle in which the beneficiary was transferred.

If an ambulance provider has only ALS vehicles, but operates in a locality where both BLS and ALS are available, the base rate billed must reflect the level of service rendered rather than the type of vehicle used.

Reimbursement for the base rate covers all services rendered except mileage which may be billed separately.

When treatment is rendered and no other care or transport is necessary, the ambulance provider may bill the base rate procedure code for the level of service performed but **not** for mileage. See Special Situations in Section 4 for instructions regarding intercept situations.

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ADVANCED LIFE SUPPORT (ALS):

Ambulance operations and ambulance staff must be licensed to render ALS services by the Michigan Department of Consumer and Industry Services (MDCIS) and properly enrolled with the Michigan Department of Community Health (MDCH). MDCH recognizes two levels: ALS1 and ALS2.

ADVANCED LIFE SUPPORT 1 (ALS1) NON-EMERGENCY:

When medically necessary, the ALS1 base rate may be billed when an advanced life support provider (minimum level of EMT-Intermediate or Paramedic) renders an assessment or furnishes one or more ALS interventions or in those localities where ALS has been mandated as the minimum level of service.

ADVANCED LIFE SUPPORT 1 (ALS1) EMERGENCY:

When medically necessary and ALS1 services, as specified above, are provided in the context of an emergency response.

ADVANCED LIFE SUPPORT 2 (ALS2):

When medically necessary, the ALS2 base rate may be billed when an advanced life support provider (minimum level of EMT-Intermediate or Paramedic) renders an assessment and the administration of at least three (3) different medications and furnishes one or more of the following ALS procedures:

- Manual defibrillation/cardioversion
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompression
- Surgical airway
- Intraosseous line

Reimbursement for the ALS base rates includes those services listed under Basic Life Support (BLS).

Reimbursement is also the same whether special services were or were not performed.

BASIC LIFE SUPPORT (BLS):

Ambulance operations and ambulance staff must be licensed to render BLS services by the Michigan Department of Consumer and Industry Services and properly enrolled with the Michigan Department of Community Health. Medicaid coverage of the BLS base rate includes transportation and medical services which an Emergency Medical Technician is routinely trained to provide (e.g., the provision of oxygen, the establishment of a peripheral intravenous (IV) line, and resuscitation). Reimbursement for accompanying personnel, suctioning, delivery/labor, emergency first aid, emergency/night call services, oxygen, and resuscitation is included in the BLS base rate. BLS also includes equipment and supplies essential to the provision of such services (e.g., splints, backboards, obstetrical kits).



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BLS NON-EMERGENCY:

When medically necessary, the BLS base rate may be billed when a BLS or ALS provider renders basic life support services as defined above.

BLS EMERGENCY:

When medically necessary, the BLS emergency transport base rate may be billed when a BLS or ALS provider renders basic life support services as defined above.

DRUGS AND SOLUTIONS:

Drugs, intravenous solutions and needles, and hypodermic needles and syringes carried in ambulances require replacement by a cooperating hospital pharmacy and under the supervision of a licensed pharmacist, as detailed in Public Act 368 of 1978, as amended. Reimbursement will be made only to the hospital for these items.

EMERGENCY:

Claims may be made to the Program for emergency transports which meet the criteria specified in the definitions of BLS Emergency, ALS1 Emergency and ALS2 transports in this section.

Claims for emergency ambulance transports must be coded with both an emergency procedure code and an appropriate ICD-9-CM diagnosis code whenever the service results in transport to an emergency department, or assessment and treatment/stabilization determines that no further transport is necessary. Claims for emergency transports without this information will be rejected.

Documentation supporting the emergency diagnosis code must be retained in the ambulance provider's records for audit purposes.

MILEAGE:

Mileage is a benefit of the Program :

- Only when a transport occurs.
- Only when the beneficiary is in the vehicle (Loaded mileage only).
- When billed with the appropriate origin and destination modifier combination.
 - Refer to Chapter IV for list of origin and destination modifiers.
 - Modifier 22 is not an appropriate origin and destination modifier.

When billing for mileage greater than 100 miles, enter the origin and destination addresses in the Remarks.

Note: A charge may be made for the loaded mileage only.



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NEONATAL:

Coverage of neonatal transport includes neonatal base rate, loaded mileage, transfer isolette, and waiting time.

The intensive care transport of critically ill neonates (i.e., newborns) to approved, designated neonatal intensive care units (regional centers) is covered, providing the designated carrier is approved by the regional center to which the provider renders service.

A hospital medical team must accompany the newborn on the newborn run for ambulance services to be reimbursed by the Medicaid Program. The hospital team usually consists of a physician, nurse, and respiratory therapist. The primary care of the newborn is the hospital team's responsibility, and reimbursement of these services is made to the hospital. The designated ambulance provider bills **the neonatal base rate and mileage for the transport**.

A return trip of a newborn from a regional center to a community hospital (after the newborn's condition is stabilized) is covered. A physician's order indicating the medical necessity of the return trip must be retained in the beneficiary's file as detailed in the Ambulance Services in Section 1.

The cost of the isolette use is included in the neonatal base rate.

Waiting time which exceeds 30 minutes is reimbursable and must be billed as detailed in the WAITING TIME sub-section of this section.

NON-EMERGENCY:

A claim may be made to the Program for medically necessary non-emergency transport **only** when it is provided in a licensed BLS or ALS vehicle. Ambulance providers must obtain appropriate documentation of the medical necessity of the transport (a copy of the physician's written order or signed certification statement from the attending physician) and retain it in their files. **NOTE:** A copy of the physician's order for non-emergency ambulance transport in the patient's chart is acceptable documentation. A physician may write a single prescription for non-emergency ambulance transport of a beneficiary with a chronic condition to a planned treatment that will cover up to one month of treatment. The prescription must contain information that would indicate the type of transport necessary, why other means of transport could not be used, frequency of needed transport, origin, destination, diagnosis, and medical necessity. For all other non-emergency transport, a separate physician's order is required for each individual transport.

If the ambulance provider is unable to obtain the required written documentation of medical necessity within 21 days following the date of service, the ambulance provider must document a minimum of two (2) attempts to obtain the physician's order/documentation of medical necessity. Acceptable documentation must include a signed return receipt from the U.S. Postal Service, or other similar delivery service, as well as a copy of the request itself. Such a return receipt will serve as proof that the ambulance provider attempted to obtain the required documentation of medical necessity from the attending physician.

Non-emergency transport in a Medi-Van or other wheelchair-equipped vehicle is not a covered service for ambulance providers. However, Medicaid beneficiaries or transportation providers may receive reimbursement for this type of transport directly from their Family Independence Agency (FIA) caseworker or if the beneficiary is an enrollee in a health plan, the health plan may provide or reimburse for this service.



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NOTE: MDCH will pay on a fee-for-service basis for health plan enrollees only if the non-emergency transport was medically necessary and was for Community Mental Health Services Program (CMHSP) related services. When submitting claims, providers are to enter in the Remarks section that the ambulance transport was to receive CMHSP services.

UNLISTED AMBULANCE SERVICE:

If a service is rendered which is not included in the coverages defined under the existing procedure codes, the ambulance provider may bill the procedure under the "Unlisted Ambulance Service" procedure code. The claim will pend for manual review to determine whether the service is reimbursable under Program guidelines.

- NOTE:**
1. Items included in the base rate are not separately reimbursable.
 2. If no transport was provided, refer to the base rate billing instructions.
 3. The Remarks section, or an attachment to the claim, must include a complete description of the service.

WAITING TIME:

Waiting time is reimbursable after the first 30 minutes when a physician deems it medically necessary for the ambulance provider to wait at a hospital while the patient is being stabilized, with the intent of continuing the **beneficiary's** transport to a more appropriate hospital for care or back to the point of origin.

The maximum number of hours allowed for waiting time is 4 hours. If more than 4 hours of waiting time is involved, request Individual Consideration and provide documentation. Providers should refer to Chapter IV for instructions regarding requesting Individual Consideration.

The appropriate number of time units must be reflected in the Quantity box. One time unit represents each 30 minutes of waiting time **after the first 30 minutes** (e.g., total waiting time of 1 hour, 30 minutes = 2 time units),

The usual and customary charge must be entered.

The Remarks section, or attachment to the claim, must include the following documentation:

1. Total length of waiting time **including** the first 30 minutes,
2. The physician's name who ordered the wait, and
3. The reason for the wait.

WATER AMBULANCE:

Water ambulance services are a benefit of the program. Non-emergency ambulance services provided by marine craft must be prior authorized. Refer to the Prior Authorization instructions in Chapter I for details on the Prior Authorization process.

Emergency ambulance services provided by marine craft do not require prior authorization.



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Claims are to be submitted to:

Michigan Department of Community Health
Miscellaneous Transaction Unit
P.O. Box 30239
Lansing, MI 48909



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INTERCEPTS:

In situations where a BLS vehicle intercepts with an ALS vehicle, each provider may bill for the appropriate base rate and for the loaded mileage they provided (if any).

BRIDGE TOLL:

Bridge toll charges are reimbursable to the ambulance provider. Coverage includes both loaded and return trip charges.

Billing Instructions:

- The Unlisted Ambulance Service Code must be used.
- All toll charges must be combined on one claim line.
- The Remarks section must contain the bridge or tunnel name and the number of times used.

CONTINUOUS OR ROUND TRIP TRANSPORT:

This type of transport is considered to be **one** run.

The base rate code for the highest level of service performed during transport is billed on one claim line.

The loaded mileage is billed on one claim line with the total number of whole (loaded) miles indicated in the quantity item.

The Waiting Time sub-section in Section 3 should be referred to in cases where waiting time exceeds 30 minutes.

LTC NURSING FACILITIES:

Routine, non-emergency medical transportation provided for LTC nursing facility residents in a van or other non-emergency vehicle is included in the facility's per diem rate or are billed separately by the facility. This includes transportation for medical appointments, dialysis, therapies or other treatments not available in the facility but located in the county or in the normal service delivery area. When non-emergency transportation by ambulance is ordered by a LTC nursing facility resident's personal physician, due to the need for a stretcher or other emergency equipment, the ambulance provider may bill the Program directly. The ambulance provider must maintain the physician's written order as documentation of medical necessity. If the non-emergency ambulance transport is not ordered by the resident's personal physician, arrangements for payment must be between the facility and the ambulance provider, and cannot be charged to the resident, the resident's family, or used to offset the patient pay amount. This cost may not be claimed as a routine cost on Michigan's Medicaid cost report. The cost of non-emergency ambulance transports not ordered by the resident's physician must be identified and removed on Worksheet 1-B by the LTC nursing facility.

For direct reimbursement by the Medicaid Program to an enrolled ambulance provider for services provided to a LTC nursing facility resident who is a Medicaid beneficiary, refer to the Ambulance Quick Reference Guide (Section 5) of this chapter.

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MULTIPLE ARRIVALS:

When multiple units respond to a call for services, only the entity which actually provides services for the beneficiary may bill and be paid. The entity which rendered service/care would bill for all services furnished.

MULTIPLE BENEFICIARIES PER TRANSPORT:

When more than one eligible beneficiary is transported at the same time, the only acceptable duplication of charges is half of the base rate.

Separate claims must be submitted for each beneficiary. The first claim is completed in the usual manner and the base rate billed must reflect the highest level of service performed.

Claims for additional beneficiaries must indicate the usual and customary base rate charge. The appropriate modifier must be reported. Provider should refer to Chapter IV for a list of modifiers. Payment will be made at 50% of Medicaid's reimbursement rate or 50% of the provider's charge, whichever is less.

NOTE: No mileage or waiting time is to be charged for additional beneficiaries. These services are included in the reimbursement of the first claim.

MULTIPLE TRANSPORTS PER BENEFICIARY:

More than one transport per beneficiary on the same date of service is covered when the following conditions apply:

- The beneficiary received a different level of service on each transport (e.g., Advanced Life Support 1 and Basic Life Support), enter the appropriate code for each base rate on the claim.
- The beneficiary received the same level of service on each transport, enter the appropriate code for each base rate on one claim line with the appropriate combined base rate charge. A quantity of one (1) must be reported and individual consideration (Modifier 22) requested.
- Other services duplicated from the multiple transports must be combined and billed on one claim line (e.g., the total loaded mileage is combined and billed on one claim line).
- Other services not duplicated are billed on separate claim lines.
- The Remarks section of the claim, or an attachment to the claim, must detail the following information:
 - Number of transports
 - Originating and terminating locations
 - Ambulance requestor's name(s)
 - Reason for multiple transports on the same day, and
 - Number of times each base rate was provided.
 - If transport is for any reason other than further treatment, the reason for the transport must be provided in addition to the diagnosis

NOTE: Return trips are multiple transports **if** a break in service has occurred, i.e., the ambulance is available to respond to other requests for service.



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OUT OF STATE NON-BORDERLAND TRANSPORTS:

Except for emergencies, out of state, non-borderland transports require prior authorization. The ambulance provider should refer to Chapter I, Delivery of Services, Prior Authorization, for details regarding prior authorization (PA).

The ambulance provider, home health agency, hospital, LTC nursing facility, physician, or social worker may request this authorization. The ambulance provider must retain documentation of medical necessity (physician's order) in the beneficiary's file to support the need for ambulance transportation. To request authorization, the requestor must submit a letter to the Michigan Department of Community Health. The requestor is responsible for requesting prior authorization before services are rendered.

NOTE: The request must include:

- Point of pickup,
- Beneficiary's name and ID number,
- Diagnosis,
- Service to be provided,
- Destination point,
- Reason why the ambulance transport was medically necessary,
- Reason why the beneficiary cannot be transported by any other means,
- Name and address of the ambulance provider, and
- Requestor's name.

The authorization may be obtained by writing to:

Michigan Department of Community Health
Medical Services Administration
Review and Evaluation Division
P.O. Box 30170
Lansing, Michigan 48909

Or by calling 1-800-622-0276

Based on the authorization request, the Department will approve or disapprove the request. The ambulance provider may render the service upon receipt of verbal approval. A copy of the approval authorization letter will be mailed to the ambulance provider following the verbal authorization. The ambulance provider may not bill the Program until he/she has received the authorization letter. The ambulance provider must keep a copy of the authorization letter in the beneficiary's file.

Documentation of medical necessity (physician's order) must also be retained in the beneficiary's file to support the need for ambulance transportation.

NOTE: The requestor must notify the Review and Evaluation Division of any changes to the approved PA (e.g., change in service date or ambulance provider, etc).

When seeking reimbursement for out of state transports, Modifier AS must be reported and the prior authorization number must be entered on the claim, except in the case of emergency transports.



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Claims are to be submitted to:

Michigan Department of Community Health
Miscellaneous Transaction Unit
P.O. Box 30239
Lansing, MI 48909

PRONOUNCEMENT OF DEATH:

There are three (3) rules that apply to ambulance services and the pronouncement of death:

1. If the beneficiary was pronounced dead by an individual who is licensed to pronounce death (coroner/physician) prior to the time that the ambulance is called, no payment will be made.
2. If the beneficiary is pronounced dead after the ambulance is called but before the ambulance arrives at the scene, payment for an ambulance trip will be made at the BLS rate, but no mileage will be paid.
3. If the beneficiary is pronounced dead after being loaded into the ambulance, payment will be made following the usual rules (that is, the same level of payment would be made as if the beneficiary had not died).

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Transports rendered in an emergency situation are covered in ALL settings.

The ambulance provider should use the "FROM" column to indicate the location where the beneficiary is picked up. The "TO" column is used to indicate the destination of the beneficiary. The point where the columns meet will indicate if the service is covered, not covered or if covered but to be billed to another facility/entity.

TO FROM	INPATIENT	EMERGENCY ROOM OUTPATIENT	LTC NURSING FACILITY	AMBULATORY SETTING (i.e., lab, office, clinic, therapy, dialysis)	HOME
INPATIENT	IF MEDICALLY NECESSARY	EMERGENCY ONLY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY
EMERGENCY ROOM OUTPATIENT	IF MEDICALLY NECESSARY	EMERGENCY ONLY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY
LTC NURSING FACILITY	IF MEDICALLY NECESSARY	EMERGENCY ONLY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY
AMBULATORY SETTING (i.e., lab, office, clinic, therapy, dialysis)	IF MEDICALLY NECESSARY	EMERGENCY ONLY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY
HOME	EMERGENCY ONLY	EMERGENCY ONLY	IF MEDICALLY NECESSARY	IF MEDICALLY NECESSARY	NOT COVERED
AT LARGE (example: Scene of accident)	EMERGENCY ONLY	EMERGENCY ONLY	NOT COVERED	EMERGENCY ONLY	NOT COVERED

AMBULANCE COVERAGE EXCLUSIONS:

Circumstances under which Medicaid does not pay for ambulance transportation include, but are not limited to,:

- Medi-Car, Medi-Van, or wheelchair transports.
- Transport to a funeral home.
- Trips made for services such as drawing blood and catherization which could have been provided at the beneficiary's location.
- Transportation of a beneficiary pronounced dead before the ambulance was called.
- Round trips when a beneficiary is taken from a hospital to another facility and returned to the same hospital. As long as the beneficiary is an inpatient, all ancillary services are the responsibility of the hospital.
- Transport of inmates of correctional facilities to and from the correctional facility.
- Transports which are not medically necessary.



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Name	Modifier	Code Numbers
Abdominal distention -acute	<i>Acute dilatation of stomach</i>	536.1
Abdominal Pain	<i>Abdominal pain, unspecified site</i>	789.00
Abdominal Pain	<i>Right upper quadrant</i>	789.01
Abdominal Pain	<i>Left upper quadrant</i>	789.02
Abdominal Pain	<i>Right lower quadrant</i>	789.03
Abdominal Pain	<i>Left lower quadrant</i>	789.04
Abdominal Pain	<i>Periumbilic</i>	789.05
Abdominal Pain	<i>Epigastric</i>	789.06
Abdominal Pain	<i>Generalized</i>	789.07
Abdominal Pain	<i>Other specified site</i>	789.09
Abdominal rigidity	<i>Abdominal rigidity, unspecified site</i>	789.40
Abdominal rigidity	<i>Right upper quadrant</i>	789.41
Abdominal rigidity	<i>Left upper quadrant</i>	789.42
Abdominal rigidity	<i>Right lower quadrant</i>	789.43
Abdominal rigidity	<i>Left lower quadrant</i>	789.44
Abdominal rigidity	<i>Periumbilic</i>	789.45
Abdominal rigidity	<i>Epigastric</i>	789.46
Abdominal rigidity	<i>Generalized</i>	789.47
Abdominal rigidity	<i>Other specified site</i>	789.49
Abortion, induced	<i>Legally induced abortion, complicated by shock, unspecified</i>	635.50
Abortion, induced	<i>Shock, incomplete</i>	635.51
Abortion, induced	<i>Shock, complete</i>	635.52
Abortion, induced	<i>Illegally induced abortion, complicated by shock, unspecified</i>	636.50
Abortion, induced	<i>Shock, incomplete</i>	636.51
Abortion, induced	<i>Shock, complete</i>	636.52
Abortion, induced, hemorrhage	<i>Legally induced abortion, complicated by delayed or excessive hemorrhage, unspecified</i>	635.10
Abortion, induced, hemorrhage	<i>Incomplete</i>	635.11
Abortion, induced, hemorrhage	<i>Complete</i>	635.12
Abortion, induced, hemorrhage	<i>Illegally induced abortion, complicated by delayed or excessive hemorrhage, unspecified</i>	636.10
Abortion, induced, hemorrhage	<i>Incomplete</i>	636.11
Abortion, induced, hemorrhage	<i>Complete</i>	636.12
Abortion, threatened	<i>Threaten abortion, unspecified as to episode of care or not applicable</i>	640.00
Abortion, threatened	<i>Delivered, w/ or w/o mention of antepartum condition</i>	640.01
Abortion, threatened	<i>Antepartum condition or complication</i>	640.03
Abortion, spontaneous	<i>Spontaneous abortion, without mention of complication, unspecified</i>	634.90
Abortion, spontaneous	<i>Without mention of complication, incomplete</i>	634.91
Abortion, spontaneous	<i>Without mention of complication, complete</i>	634.92

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Name	Modifier	Code Numbers
Abortion, spontaneous	<i>Spontaneous abortion, complicated by shock, unspecified</i>	634.50
Abortion, spontaneous	<i>Complicated by shock, incomplete</i>	634.51
Abortion, spontaneous	<i>Complicated by shock, complete</i>	634.52
Abortion, spontaneous, hemorrhage	<i>Spontaneous abortion, unspecified</i>	634.10
Abortion, spontaneous, hemorrhage	<i>Incomplete</i>	634.11
Abortion, spontaneous, hemorrhage	<i>Complete</i>	634.12
Acidosis, diabetic	<i>Diabetes with ketoacidosis, Type II or unspecified Type, not stated as controlled</i>	250.10
Acidosis, diabetic	<i>With ketoacidosis, Type I, juvenile, uncontrolled</i>	250.11
Acidosis, diabetic	<i>With ketoacidosis, Type II or unspecified, uncontrolled</i>	250.12
Acidosis, diabetic	<i>With ketoacidosis, Type I, uncontrolled</i>	250.13
Acidosis, diabetic	<i>Diabetes with hyperosmolarity, Type II or unspecified Type, not stated as controlled</i>	250.20
Acidosis, diabetic	<i>With hyperosmolarity, Type I, juvenile, uncontrolled</i>	250.21
Acidosis, diabetic	<i>With hyperosmolarity, Type II or unspecified, uncontrolled</i>	250.22
Acidosis, diabetic	<i>With hyperosmolarity, Type I, uncontrolled</i>	250.23
Acidosis, diabetic	<i>Diabetes with other coma, Type II or unspecified Type, not stated as controlled</i>	250.30
Acidosis, diabetic	<i>With other coma, Type I, juvenile, uncontrolled</i>	250.31
Acidosis, diabetic	With other coma, Type II (non-insulin dependent type) (NIDDM type) (adult onset type) (or unspecified type, uncontrolled)	250.32
Acidosis, diabetic	With other coma, Type I (insulin-dependent type) (IDDM) (juvenile type), uncontrolled	250.33
Aggressive conduct moderate	<i>Undersocialized conduct disorder, aggressive type, moderate</i>	312.02
Aggressive conduct severe	<i>Severe</i>	312.03
Airway Obstruction	<i>Chronic airway obstruction, not elsewhere classified</i>	496
Alcoholic hallucinosis	<i>Alcohol withdrawal hallucinosis</i>	291.3
Allergic Purpura	<i>Allergic Purpura</i>	287.0
Amputation arm	<i>Unilateral, level not specified, without mention of complication</i>	887.4
Amputation finger(s)	<i>Traumatic amputation of other finger(s) (complete) (partial) without mention of complication</i>	886.0
Amputation finger(s)	<i>Complicated</i>	886.1
Amputation-foot	<i>Traumatic amputation of foot (complete) (partial) unilateral, without mention of complication</i>	896.0
Amputation-foot	<i>Unilateral, complicated</i>	896.1
Amputation-foot	<i>Bilateral, without mention of complication</i>	896.2
Amputation-hand	<i>Traumatic amputation of arm and hand (complete) (partial) unilateral., below elbow, w/o mention of complication</i>	887.0
Amputation-hand	<i>Unilateral, below elbow, complicated</i>	887.1

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Amputation-hand	<i>Unilateral, at or below elbow, w/o mention of complication</i>	887.2
Amputation-hand	<i>Unilateral, at or above elbow, complicated</i>	887.3
Amputation-hand	<i>Unilateral, level not spec. without mention of complication</i>	887.4
Amputation-hand	<i>Unilateral, level not specified, complicated</i>	887.5
Amputation-hand	<i>Bilateral, [any level] w/o mention of complication</i>	887.6
Amputation-hand	<i>Bilateral, [any level] complicated</i>	887.7
Amputation-leg	<i>Traumatic amputation of leg(s) (complete) (partial), unilateral, level not spec. without mention of complication</i>	897.4
Amputation leg	<i>Bilateral, [any level], without mention of complication</i>	897.6
Anaphylactic shock	<i>Other anaphylactic shock</i>	995.0
Angina Pectoris	<i>Angina decubitus</i>	413.0
Angina Pectoris	<i>Prinzmetal angina</i>	413.1
Angina Pectoris	<i>Other and unspecified angina pectoris</i>	413.9
Anuria	<i>Oliguria and anuria</i>	788.5
Aphasia	<i>Aphasia</i>	784.3
Arrhythmia	<i>Conduction disorder, atrioventricular block, complete</i>	426.0
Arrhythmia	<i>Conduction disorder, atrioventricular block, unspec.</i>	426.10
Arrhythmia	<i>Conduction disorder, 1st degree atrioventricular block</i>	426.11
Arrhythmia	<i>Conduction disorder, Mobitz type 11, atrioventricular block</i>	426.12
Arrhythmia	<i>Conduction disorder, other 2nd degree Atrioventricular block</i>	426.13
Arrhythmia	<i>Conduction disorder, left branch hemiblock</i>	426.2
Arrhythmia	<i>Conduction disorder, other left bundle branch block</i>	426.3
Arrhythmia	<i>Conduction disorder, right bundle branch block</i>	426.4
Arrhythmia	<i>Conduction disorder, bundle branch block unspecified</i>	426.50
Arrhythmia	<i>Conduction disorder, right bundle branch block & left posterior fascicular block</i>	426.51
Arrhythmia	<i>Conduction disorder, right bundle branch block & left anterior fascicular block</i>	426.52
Arrhythmia	<i>Conduction disorder, other bilateral bundle branch block</i>	426.53
Arrhythmia	<i>Conduction disorder, trifascicular block</i>	426.54
Arrhythmia	<i>Conduction disorder, other heart block</i>	426.6
Arrhythmia	<i>Conduction disorder, Anomalous atrioventricular excitation</i>	426.7
Arrhythmia	<i>Conduction disorder, Lown-Ganong-Levine syndrome</i>	426.81
Arrhythmia	<i>Conduction disorder, other</i>	426.89
Arrhythmia	<i>Conduction disorder, unspecified</i>	426.9

Name	Modifier	Code Numbers
Arrhythmia	<i>Cardiac dysrhythmias, paroxysmal ventricular tachycardia</i>	427.2
Arrhythmia	Atrial fibrillation	427.31
Arrhythmia	<i>Atrial flutter</i>	427.32
Arrhythmia	<i>Premature beats, unspecified</i>	427.60
Arrhythmia	<i>Supraventricular premature beats</i>	427.61
Arrhythmia	<i>other</i>	427.69
Arrhythmia	<i>Sinoatrial node dysfunction</i>	427.81
Arrhythmia	<i>Other</i>	427.89
Arrhythmia	<i>Unspecified</i>	427.9
Asphyxia	<i>Asphyxia</i>	799.0
Aspiration-food	<i>Foreign body in larynx</i>	933.1
Asthma	<i>Extrinsic asthma, without mention of status asthmaticus</i>	493.00
Asthma	<i>With status asthmaticus</i>	493.01
Asthma	With acute exacerbation	493.02
Asthma	<i>Intrinsic asthma, without mention of status asthmaticus</i>	493.10
Asthma	<i>With status asthmaticus</i>	493.11
Asthma	With acute exacerbation	493.12
Asthma	<i>Chronic obstruction asthma, without mention of status asthmaticus</i>	493.20
Asthma	<i>With status asthmaticus</i>	493.21
Asthma	With acute exacerbation	493.22
Asthma	<i>Asthma unspecified, without mention of status asthmaticus</i>	493.90
Asthma	<i>With status asthmaticus</i>	493.91
Asthma	Unspecified	493.92
Atelectasis (collapsed lung)	<i>Pulmonary collapse</i>	518.0
Atrial flutter	<i>Atrial fibrillation</i>	427.31
Atrial flutter	<i>Atrial flutter</i>	427.32
Avulsion	<i>Open wound(s) (multiple) of unspecified site(s) w/o mention of complication</i>	879.8
Bee sting-anaphylaxis	<i>Toxic effect of venom</i>	989.5
Biliary Calculus	<i>Calculus of gallbladder with acute cholecystitis without mention of obstruction</i>	574.00
Biliary Calculus	<i>With obstruction</i>	574.01
Biliary Calculus	<i>Calculus of gallbladder with other cholecystitis without mention of obstruction</i>	574.10
Biliary Calculus	<i>with obstruction</i>	574.11
Biliary Calculus	<i>Calculus of gallbladder without mention of cholecystitis without mention of obstruction</i>	574.20
Biliary Calculus	<i>With obstruction</i>	574.21
Biliary Calculus	<i>Calculus of bile duct with acute cholecystitis, without mention of obstruction</i>	574.30
Biliary Calculus	<i>With obstruction</i>	574.31

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Name	Modifier	Code Numbers
Biliary Calculus	<i>Calculus of bile duct with other cholecystitis without mention of obstruction</i>	574.40
Biliary Calculus	<i>With obstruction</i>	574.41
Biliary Calculus	<i>Calculus of bile duct without mention of cholecystitis, without mention of obstruction</i>	574.50
Biliary Calculus	<i>With obstruction</i>	574.51
Bladder obstruction	<i>Atresia and stenosis of urethra and bladder neck</i>	753.6
Bladder obstruction	<i>Bladder neck obstruction</i>	596.0
Blood poisoning; septicemia	<i>Streptococcal septicemia</i>	038.0
Blood poisoning; septicemia	<i>Staphylococcal septicemia, unspecified</i>	038.10
Blood poisoning; septicemia	<i>Staphylococcus aureus septicemia</i>	038.11
Blood poisoning; septicemia	<i>Other staphylococcal septicemia</i>	038.19
Blood poisoning; septicemia	<i>Pneumococcal septicemia</i>	038.2
Blood poisoning; septicemia	<i>Septicemia due to anaerobes</i>	038.3
Blood poisoning; septicemia	<i>Gram-negative organism, unspecified</i>	038.40
Blood poisoning; septicemia	<i>Hemophilus influenzae [H. influenzae]</i>	038.41
Blood poisoning; septicemia	<i>Escherichia coli [E. coli]</i>	038.42
Blood poisoning; septicemia	<i>Pseudomonas</i>	038.43
Blood poisoning; septicemia	<i>Serratia</i>	038.44
Blood poisoning; septicemia	Other	038.49
Blood poisoning; septicemia	<i>Other specified septicemias</i>	038.8
Blood poisoning; septicemia	<i>Unspecified septicemia</i>	038.9
Bradycardia, reflex	<i>Other cardiac dysrhythmias</i>	427.89
Burn	<i>Burn unspecified, unspecified degree</i>	949.0
Burn	<i>Blisters, epidermal loss [second degree]</i>	949.2
Burn	<i>Full-thickness skin loss [third degree NOS]</i>	949.3
Burn	<i>Deep necrosis of underlying tissues [deep third degree] w/o mention of loss of body part.</i>	949.4
Burn	<i>Deep necrosis of underlying tissues [deep third degree] with loss of body part.</i>	949.5
Burn-eyes	<i>Unspecified burn of eye and adnexa</i>	940.9
Burns-head/face	<i>Burn unspecified degree, face and head, unspecified site</i>	941.00
Burns-head/face	<i>Ear [any part]</i>	941.01
Burns-head/face	<i>Eye (with other parts of face, head, and neck)</i>	941.02
Burns-head/face	<i>Lip(s)</i>	941.03
Burns-head/face	<i>Chin</i>	941.04
Burns-head/face	<i>Nose (septum)</i>	941.05
Burns-head/face	<i>Scalp (any part)</i>	941.06
Burns-head/face	<i>Forehead and cheek</i>	941.07
Burns-head/face	<i>Neck</i>	941.08
Burns-head/face	<i>Multiple sites [except with eye] of face, head, and neck</i>	941.09
Burns-head/face	<i>Erythema (first degree) face and head, unspecified site</i>	941.10

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Name	Modifier	Code Numbers
Burns-head/face	<i>Ear [any part]</i>	941.11
Burns-head/face	<i>Eye (with other parts of face, head, and neck)</i>	941.12
Burns-head/face	<i>Lip(s)</i>	941.13
Burns-head/face	<i>Chin</i>	941.14
Burns-head/face	<i>Nose (septum)</i>	941.15
Burns-head/face	<i>Scalp (any part)</i>	941.16
Burns-head/face	<i>Forehead and cheek</i>	941.17
Burns-head/face	<i>Neck</i>	941.18
Burns-head/face	<i>Multiple sites [except with eye] of face, head, and neck</i>	941.19
Burns-head/face	<i>Blisters, epidermal loss (second degree), face and head, unspecified site</i>	941.20
Burns-head/face	<i>Ear [any part]</i>	941.21
Burns-head/face	<i>Eye (with other parts of face, head, and neck)</i>	941.22
Burns-head/face	<i>Lip(s)</i>	941.23
Burns-head/face	<i>Chin</i>	941.24
Burns-head/face	<i>Nose (septum)</i>	941.25
Burns-head/face	<i>Scalp (any part)</i>	941.26
Burns-head/face	<i>Forehead and cheek</i>	941.27
Burns-head/face	<i>Neck</i>	941.28
Burns-head/face	<i>Multiple sites [except with eye] of face, head, and neck</i>	941.29
Burns-head/face	<i>Full thickness skin loss (third degree NOS), face and head, unspecified site</i>	941.30
Burns-head/face	<i>Ear [any part]</i>	941.31
Burns-head/face	<i>Eye (with other parts of face, head, and neck)</i>	941.32
Burns-head/face	<i>Lip(s)</i>	941.33
Burns-head/face	<i>Chin</i>	941.34
Burns-head/face	<i>Nose (septum)</i>	941.35
Burns-head/face	<i>Scalp (any part)</i>	941.36
Burns-head/face	<i>Forehead and cheek</i>	941.37
Burns-head/face	<i>Neck</i>	941.38
Burns-head/face	<i>Multiple sites [except with eye] of face, head, and neck</i>	941.39
Burns-head/face	<i>Deep necrosis of underlying tissues (deep third degree) without mention of loss of body part, face and head, unspecified site</i>	941.40
Burns-head/face	<i>Ear [any part]</i>	941.41
Burns-head/face	<i>Eye (with other parts of face, head, and neck)</i>	941.42
Burns-head/face	<i>Lip(s)</i>	941.43
Burns-head/face	<i>Chin</i>	941.44
Burns-head/face	<i>Nose (septum)</i>	941.45
Burns-head/face	<i>Scalp (any part)</i>	941.46
Burns-head/face	<i>Forehead and cheek</i>	941.47
Burns-head/face	<i>Neck</i>	941.48

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Name	Modifier	Code Numbers
Burns-head/face	<i>Multiple sites [except with eye] of face, head, and neck</i>	941.49
Burns-head/face	<i>Deep necrosis of underlying tissues (deep third degree) with loss of body part, face and head, unspecified site</i>	941.50
Burns-head/face	<i>Ear [any part]</i>	941.51
Burns-head/face	<i>Eye (with other parts of face, head, and neck)</i>	941.52
Burns-head/face	<i>Lip(s)</i>	941.53
Burns-head/face	<i>Chin</i>	941.54
Burns-head/face	<i>Nose (septum)</i>	941.55
Burns-head/face	<i>Scalp (any part)</i>	941.56
Burns-head/face	<i>Forehead and cheek</i>	941.57
Burns-head/face	<i>Neck</i>	941.58
Burns-head/face	<i>Multiple sites [except with eye] of face, head, and neck</i>	941.59
Cardiac arrest	<i>Cardiac complications, during or resulting from surgery</i>	997.1
Cardiac arrest	<i>Cardiac arrest</i>	427.5
Catatonic	<i>Schizophrenic disorders, catatonic type, unspecified</i>	295.20
Cerebral	<i>Intracerebral hemorrhage</i>	431
Cerebral	<i>Nontraumatic extradural hemorrhage</i>	432.0
Cerebral	<i>Subdural hemorrhage</i>	432.1
Cerebral	<i>Unspecified intracranial hemorrhage</i>	432.9
Cerebral	Cerebral artery occlusion, unspecified	434.90
Cerebral/ Cerebrovascular	<i>Other generalized ischemic cerebrovascular disease</i>	437.1
Cerebral/ Cerebrovascular	<i>Transient cerebral ischemia, basilar artery syndrome</i>	435.0
Cerebral/ Cerebrovascular	<i>Vertebral artery syndrome</i>	435.1
Cerebral/ Cerebrovascular	<i>Subclavian steal syndrome</i>	435.2
Cerebral/ Cerebrovascular	<i>Vertebrobasilar artery syndrome</i>	435.3
Cerebral/ Cerebrovascular	<i>Other specified</i>	435.8
Cerebral/ Cerebrovascular	<i>Unspecified</i>	435.9
Cerebral embolism	Cerebral embolism, without mention of cerebral infarction	434.10
Cerebrovascular, accident (CVA)	<i>Acute, but ill-defined, cerebrovascular disease</i>	436
Chest pain	<i>Chest pain, unspecified</i>	786.50
Chest pain	<i>Precordial pain</i>	786.51
Chest pain	<i>Painful respiration</i>	786.52
Chest pain	<i>Other</i>	786.59
Choked on food	<i>Foreign body in larynx</i>	933.1
Choked while vomiting	<i>Foreign body in larynx</i>	933.1
Colostomy obstruction	<i>Colostomy and enterostomy, complication unspecified</i>	569.60
Comatose	<i>Coma</i>	780.01

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Name	Modifier	Code Numbers
Complete heart block	<i>Heart block, unspecified</i>	426.9
Confusion acute	<i>Transient organic psychotic conditions, delirium</i>	293.0
Confusion acute	<i>Subacute delirium</i>	293.1
Confusion acute	<i>Organic delusional syndrome</i>	293.81
Confusion acute	<i>Organic hallucinosis syndrome</i>	293.82
Confusion acute	<i>Organic affective syndrome</i>	293.83
Confusion acute	<i>Organic anxiety syndrome</i>	293.84
Confusion acute	<i>Other</i>	293.89
Confusion acute	<i>Unspecified transient organic mental disorder</i>	293.9
Congestive heart failure	<i>Congestive heart failure</i>	428.0
Congestive heart failure	<i>Left heart failure</i>	428.1
Congestive heart failure	<i>Heart failure, unspecified</i>	428.9
Convulsions	<i>Febrile convulsions</i>	780.31
Convulsions	<i>Other convulsions</i>	780.39
Convulsive disorder	<i>Generalized convulsive epilepsy, without mention of intractable epilepsy</i>	345.10
Convulsive disorder	<i>With intractable epilepsy</i>	345.11
Convulsive disorder	<i>Petit mal status</i>	345.2
Convulsive disorder	<i>Grand mal status</i>	345.3
Convulsive disorder	<i>Partial epilepsy, with impairment of consciousness, without mention of intractable epilepsy</i>	345.40
Convulsive disorder	<i>With intractable epilepsy</i>	345.41
Convulsive disorder	<i>Partial epilepsy, without mention of impairment of consciousness without mention of intractable epilepsy</i>	345.50
Convulsive disorder	<i>With intractable epilepsy</i>	345.51
Convulsive disorder	<i>Epilepsia partialis continua, without mention of intractable epilepsy</i>	345.70
Convulsive disorder	<i>With intractable epilepsy</i>	345.71
Convulsive disorder	<i>Other forms of epilepsy without mention of intractable epilepsy</i>	345.80
Convulsive disorder	<i>With intractable epilepsy</i>	345.81
Convulsive disorder	<i>Epilepsy, unspecified, without mention of intractable epilepsy</i>	345.90
Convulsive disorder	<i>With intractable epilepsy</i>	345.91
Cor Pulmonale (acute pulmonary heart disease)	<i>Acute cor pulmonale</i>	415.0
Croup	<i>Croup</i>	464.4
Crushed chest	<i>Multiple and unspecified intrathoracic organs, without mention of open wound into cavity</i>	862.8
Crushing injury	<i>Unspecified site</i>	929.9
Cyanosis	<i>Cyanosis</i>	782.5
Decreased I.o.c.	<i>Alteration of consciousness, other</i>	780.09
Dehydration	<i>Volume depletion</i>	276.5
Delirium tremens	<i>Alcohol withdrawal delirium</i>	291.0

Name	Modifier	Code Numbers
Delusions	<i>Senile dementia, uncomplicated</i>	290.0
Delusions	<i>Presenile dementia, uncomplicated</i>	290.10
Delusions	<i>With delirium</i>	290.11
Delusions	<i>With delusional features</i>	290.12
Delusions	<i>With depressive features</i>	290.13
Delusions	<i>Senile dementia, with delusional features</i>	290.20
Delusions	<i>With depressive features</i>	290.21
Delusions	<i>Senile dementia with delirium</i>	290.3
Delusions	<i>Arteriosclerotic dementia, uncomplicated</i>	290.40
Delusions	<i>With delirium</i>	290.41
Delusions	<i>With delusional features</i>	290.42
Delusions	<i>With depressive features</i>	290.43
Delusions	<i>Other unspecified senile psychotic conditions</i>	290.8
Delusions	<i>Unspecified senile psychotic condition</i>	290.9
Delusions	<i>Alcohol withdrawal delirium</i>	291.0
Delusions	<i>Alcohol amnestic syndrome</i>	291.1
Delusions	<i>Other alcohol dementia</i>	291.2
Delusions	<i>Alcohol withdrawal hallucinosis</i>	291.3
Delusions	<i>Idiosyncratic alcohol intoxication</i>	291.4
Delusions	<i>Alcohol jealousy</i>	291.5
Delusions	<i>Alcohol withdrawal</i>	291.81
Delusions	<i>Other specified alcoholic psychosis</i>	291.89
Delusions	<i>Unspecified alcoholic psychosis</i>	291.9
Delusions	<i>Drug withdrawal syndrome</i>	292.0
Delusions	<i>Drug-induced organic delusional syndrome</i>	292.11
Delusions	<i>Drug-induced hallucinosis</i>	292.12
Delusions	<i>Pathological drug intoxication</i>	292.2
Delusions	<i>Drug-induced delirium</i>	292.81
Delusions	<i>Drug-induced dementia</i>	292.82
Delusions	<i>Drug-induced amnestic syndrome</i>	292.83
Delusions	<i>Drug-induced organic affective syndrome</i>	292.84
Delusions	<i>Other specified drug induced mental disorders</i>	292.89
Delusions	<i>Unspecified drug-induced mental disorder</i>	292.9
Delusions	<i>Acute delirium</i>	293.0
Delusions	<i>Subacute delirium</i>	293.1
Delusions	<i>Organic delusional syndrome</i>	293.81
Delusions	<i>Organic hallucinosis syndrome</i>	293.82
Delusions	<i>Organic affective syndrome</i>	293.83
Delusions	<i>Organic anxiety syndrome</i>	293.84
Delusions	<i>Other specified transient organic mental disorders</i>	293.89
Delusions	<i>Unspecified transient organic mental disorder</i>	293.9
Delusions	<i>Amnestic syndrome</i>	294.0

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Name	Modifier	Code Numbers
Delusions	<i>Dementia in conditions classified elsewhere, without behavioral disturbance</i>	294.10
Delusions	<i>With behavioral disturbance</i>	294.11
Delusions	<i>Other specified organic brain syndromes (chronic)</i>	294.8
Delusions	<i>Unspecified organic brain syndrome (chronic)</i>	294.9
Delusions	<i>Schizophrenic disorders, simple type, unspecified</i>	295.00
Delusions	<i>Subchronic</i>	295.01
Delusions	<i>Chronic</i>	295.02
Delusions	<i>Subchronic with acute exacerbation</i>	295.03
Delusions	<i>Chronic with acute exacerbation</i>	295.04
Delusions	<i>In remission</i>	295.05
Delusions	<i>Schizophrenic disorders, disorganized type, unspecified</i>	295.10
Delusions	<i>Subchronic</i>	295.11
Delusions	<i>Chronic</i>	295.12
Delusions	<i>Subchronic with acute exacerbation</i>	295.13
Delusions	<i>Chronic with acute exacerbation</i>	295.14
Delusions	<i>In remission</i>	295.15
Delusions	<i>Schizophrenic disorders, catatonic type, unspecified</i>	295.20
Delusions	<i>Subchronic</i>	295.21
Delusions	<i>Chronic</i>	295.22
Delusions	<i>Subchronic with acute exacerbation</i>	295.23
Delusions	<i>Chronic with acute exacerbation</i>	295.24
Delusions	<i>In remission</i>	295.25
Delusions	<i>Schizophrenic disorders, paranoid type, unspecified</i>	295.30
Delusions	<i>Subchronic</i>	295.31
Delusions	<i>Chronic</i>	295.32
Delusions	<i>Subchronic with acute exacerbation</i>	295.33
Delusions	<i>Chronic with acute exacerbation</i>	295.34
Delusions	<i>In remission</i>	295.35
Delusions	<i>Acute schizophrenia episode, unspecified</i>	295.40
Delusions	<i>Subchronic</i>	295.41
Delusions	<i>Chronic</i>	295.42
Delusions	<i>Subchronic with acute exacerbation</i>	295.43
Delusions	<i>Chronic with acute exacerbation</i>	295.44
Delusions	<i>In remission</i>	295.45
Delusions	<i>Latent schizophrenia, unspecified</i>	295.50
Delusions	<i>Subchronic</i>	295.51
Delusions	<i>Chronic</i>	295.52
Delusions	<i>Subchronic with acute exacerbation</i>	295.53
Delusions	<i>Chronic with acute exacerbation</i>	295.54
Delusions	<i>In remission</i>	295.55
Delusions	<i>Residual schizophrenia, unspecified</i>	295.60
Delusions	<i>Subchronic</i>	295.61

Name	Modifier	Code Numbers
Delusions	<i>Chronic</i>	295.62
Delusions	<i>Subchronic with acute exacerbation</i>	295.63
Delusions	<i>Chronic with acute exacerbation</i>	295.64
Delusions	<i>In remission</i>	295.65
Delusions	<i>Schizo-affective type, unspecified</i>	295.70
Delusions	<i>Subchronic</i>	295.71
Delusions	<i>Chronic</i>	295.72
Delusions	<i>Subchronic with acute exacerbation</i>	295.73
Delusions	<i>Chronic with acute exacerbation</i>	295.74
Delusions	<i>In remission</i>	295.75
Delusions	<i>Other specified types of schizophrenia, unspecified</i>	295.80
Delusions	<i>Subchronic</i>	295.81
Delusions	<i>Chronic</i>	295.82
Delusions	<i>Subchronic with acute exacerbation</i>	295.83
Delusions	<i>Chronic with acute exacerbation</i>	295.84
Delusions	<i>In remission</i>	295.85
Delusions	<i>Schizophrenia, unspecified</i>	295.90
Delusions	<i>Subchronic</i>	295.91
Delusions	<i>Chronic</i>	295.92
Delusions	<i>Subchronic with acute exacerbation</i>	295.93
Delusions	<i>Chronic with acute exacerbation</i>	295.94
Delusions	<i>In remission</i>	295.95
Delusions	<i>Manic disorder, single episode, unspecified</i>	296.00
Delusions	<i>Mild</i>	296.01
Delusions	<i>Moderate</i>	296.02
Delusions	<i>Severe, w/o mention of psychotic behavior</i>	296.03
Delusions	<i>Severe, specified as with psychotic behavior</i>	296.04
Delusions	<i>In partial or unspecified remission</i>	296.05
Delusions	<i>In full remission</i>	296.06
Delusions	<i>Manic disorder, recurrent episode, unspecified</i>	296.10
Delusions	<i>Mild</i>	296.11
Delusions	<i>Moderate</i>	296.12
Delusions	<i>Severe, w/o mention of psychotic behavior</i>	296.13
Delusions	<i>Severe, specified as with psychotic behavior</i>	296.14
Delusions	<i>In partial or unspecified remission</i>	296.15
Delusions	<i>In full remission</i>	296.16
Delusions	<i>Major depressive disorder, single episode, unspecified</i>	296.20
Delusions	<i>Mild</i>	296.21
Delusions	<i>Moderate</i>	296.22
Delusions	<i>Severe, w/o mention of psychotic behavior</i>	296.23
Delusions	<i>Severe, specified as with psychotic behavior</i>	296.24
Delusions	<i>In partial or unspecified remission</i>	296.25

Name	Modifier	Code Numbers
Delusions	<i>In full remission</i>	296.26
Delusions	<i>Major depressive disorder, recurrent episode, unspecified</i>	296.30
Delusions	<i>Mild</i>	296.31
Delusions	<i>Moderate</i>	296.32
Delusions	<i>Severe, w/o mention of psychotic behavior</i>	296.33
Delusions	<i>Severe, specified as with psychotic behavior</i>	296.34
Delusions	<i>In partial or unspecified remission</i>	296.35
Delusions	<i>In full remission</i>	296.36
Delusions	<i>Bipolar affective disorder, manic, unspecified</i>	296.40
Delusions	<i>Mild</i>	296.41
Delusions	<i>Moderate</i>	296.42
Delusions	<i>Severe, w/o mention of psychotic behavior</i>	296.43
Delusions	<i>Severe, specified as with psychotic behavior</i>	296.44
Delusions	<i>In partial or unspecified remission</i>	296.45
Delusions	<i>In full remission</i>	296.46
Delusions	<i>Bipolar affective disorder, depressed, unspecified</i>	296.50
Delusions	<i>Mild</i>	296.51
Delusions	<i>Moderate</i>	296.52
Delusions	<i>Severe, w/o mention of psychotic behavior</i>	296.53
Delusions	<i>Severe, specified as with psychotic behavior</i>	296.54
Delusions	<i>In partial or unspecified remission</i>	296.55
Delusions	<i>In full remission</i>	296.56
Delusions	<i>Bipolar affective disorder, mixed, unspecified</i>	296.60
Delusions	<i>Mild</i>	296.61
Delusions	<i>Moderate</i>	296.62
Delusions	<i>Severe, w/o mention of psychotic behavior</i>	296.63
Delusions	<i>Severe, specified as with psychotic behavior</i>	296.64
Delusions	<i>In partial or unspecified remission</i>	296.65
Delusions	<i>In full remission</i>	296.66
Delusions	<i>Bipolar affective disorder, unspecified</i>	296.7
Delusions	<i>Manic depressive psychosis, unspecified</i>	296.80
Delusions	<i>Atypical manic disorder</i>	296.81
Delusions	<i>Atypical depressive disorder</i>	296.82
Delusions	<i>Other manic-depressive disorder</i>	296.89
Delusions	<i>Unspecified affective psychosis</i>	296.90
Delusions	<i>Other specified affective psychosis</i>	296.99
Delusions	<i>Paranoid state, simple</i>	297.0
Delusions	<i>Paranoia</i>	297.1
Delusions	<i>Paraphrenia</i>	297.2
Delusions	<i>Shared paranoid disorder</i>	297.3
Delusions	<i>Other specified paranoid state</i>	297.8
Delusions	<i>Unspecified paranoid states</i>	297.9

Name	Modifier	Code Numbers
Delusions	<i>Depressive type psychosis</i>	298.0
Delusions	<i>Excitative type psychosis</i>	298.1
Delusions	<i>Reactive confusion</i>	298.2
Delusions	<i>Acute paranoid reaction</i>	298.3
Delusions	<i>Psychogenic paranoid psychosis</i>	298.4
Delusions	<i>Other and unspecified reactive psychoses</i>	298.8
Delusions	<i>Unspecified psychosis</i>	298.9
Delusions	Infantile autism, current or active state	299.00
Delusions	Residual state	299.01
Delusions	Disintegrative psychosis, current or active state	299.10
Delusions	Residual state	299.11
Delusions	Other specified early childhood psychoses, current or active state	299.80
Delusions	Residual state	299.81
Delusions	Unspecified childhood psychosis, current or active state	299.90
Delusions	Residual state	299.91
Delusions	<i>Predominant disturbance of emotions</i>	308.0
Delusions	<i>Predominant disturbance of consciousness</i>	308.1
Delusions	<i>Predominant psychomotor disturbance</i>	308.2
Delusions	<i>Other acute reactions to stress</i>	308.3
Delusions	<i>Mixed disorders as reaction to stress</i>	308.4
Delusions	<i>Unspecified acute reaction to stress</i>	308.9
Detached retina, with defect	<i>Retinal detachment with retinal defect, unspecified</i>	361.00
Detached retina, with defect	<i>Retinal detachment, partial, with single defect</i>	361.01
Detached retina, with defect	<i>With multiple defects</i>	361.02
Detached retina, with defect	<i>With giant tear</i>	361.03
Detached retina, with defect	<i>With retinal dialysis</i>	361.04
Detached retina, with defect	<i>Total or subtotal</i>	361.05
Detached retina, with defect	<i>Traction detachment of retina</i>	361.81
Detached retina, with defect	<i>Other forms of retinal detachment</i>	361.89
Detached retina, with defect	<i>Unspecified retinal detachment</i>	361.9
Diabetes	<i>Diabetes with renal manifestations, type II [non-insulin dependent type] [adult onset type] or non-specified type, not stated as controlled</i>	250.40
Diabetes	<i>Type I [insulin dependent type] [juvenile type], not stated as controlled</i>	250.41
Diabetes	<i>Type II [non-insulin dependent type] [adult onset type] or non-specified type, uncontrolled</i>	250.42
Diabetes	<i>Type I [insulin dependent type] [juvenile type], uncontrolled</i>	250.43
Diabetes	<i>Diabetes with opthalmic manifestations, type II [non-insulin dependent type] [adult onset type] or non-specified type, not stated as controlled</i>	250.50
Diabetes	<i>Type I [insulin dependent type] [juvenile type], not stated as controlled</i>	250.51

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Name	Modifier	Code Numbers
Diabetes	Type II [non-insulin dependent type] [adult onset type] or non-specified type, uncontrolled	250.52
Diabetes	Type I [insulin dependent type] [juvenile type], uncontrolled	250.53
Diabetes	Diabetes with neurological manifestations type II [non-insulin dependent type] [adult onset type] or non-specified type, not stated as controlled	250.60
Diabetes	Type I [insulin dependent type] [juvenile type], not stated as controlled	250.61
Diabetes	Type II [non-insulin dependent type] [adult onset type] or non-specified type, uncontrolled	250.62
Diabetes	Type I [insulin dependent type] [juvenile type], uncontrolled	250.63
Diabetes	Diabetes with peripheral circulatory disorders, type II [non-insulin dependent type] [adult onset type] or non-specified type, not stated as controlled	250.70
Diabetes	Type I [insulin dependent type] [juvenile type], not stated as controlled	250.71
Diabetes	Type II [non-insulin dependent type] [adult onset type] or non-specified type, uncontrolled	250.72
Diabetes	Type I [insulin dependent type] [juvenile type], uncontrolled	250.73
Diabetes	Diabetes with other specified manifestations, type II [non-insulin dependent type] [adult onset type] or non-specified type, not stated as controlled	250.80
Diabetes	Type I [insulin dependent type] [juvenile type], not stated as controlled	250.81
Diabetes	Type II [non-insulin dependent type] [adult onset type] or non-specified type, uncontrolled	250.82
Diabetes	Type I [insulin dependent type] [juvenile type], uncontrolled	250.83
Diabetes	Diabetes with unspecified complication, type II [non-insulin dependent type] [adult onset type] or non-specified type, not stated as controlled	250.90
Diabetes	Type I [insulin dependent type] [juvenile type], not stated as controlled	250.91
Diabetes	Type II [non-insulin dependent type] [adult onset type] or non-specified type, uncontrolled	250.92
Diabetes	Type I [insulin dependent type] [juvenile type], uncontrolled	250.93
Diabetes with ketoacidosis w/o mention of coma	Diabetes with ketoacidosis, type II [non-insulin dependent type] [adult onset type] or non-specified type, not stated as controlled	250.10
Diabetes with ketoacidosis w/o mention of coma	Type I [insulin dependent type] [juvenile type], not stated as controlled	250.11
Diabetes with ketoacidosis w/o mention of coma	Type II [non-insulin dependent type] [adult onset type] or non-specified type, uncontrolled	250.12
Diabetes with ketoacidosis w/o mention of coma	Type I [insulin dependent type] [juvenile type], uncontrolled	250.13

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Diabetic acidosis or coma	<i>Diabetes with other coma, type II [non-insulin dependent type] [adult onset type] or non-specified type, not stated as controlled</i>	250.30
Diabetic acidosis or coma	<i>Type I [insulin dependent type] [juvenile type], not stated as controlled</i>	250.31
Diabetic acidosis or coma	Type II [non-insulin dependent type] [adult onset type] or non-specified type, uncontrolled	250.32
Diabetic acidosis or coma	Type I [insulin dependent type] [juvenile type], uncontrolled	250.33
Difficulty walking	<i>Difficulty in walking, site unspecified</i>	719.70
Difficulty walking	<i>Pelvic region and thigh</i>	719.75
Difficulty walking	<i>Lower leg</i>	719.76
Difficulty walking	<i>Ankle and foot</i>	719.77
Difficulty walking	<i>Other specified sites</i>	719.78
Difficulty walking	<i>Multiple sites</i>	719.79
Diminished Responsiveness; Psychomotor Retardation	<i>See 'Delusions'</i>	290.0 – 299.91 308.0 – 308.9
Dislocation	<i>Multiple and ill-defined, closed</i>	839.8
Dizziness	<i>Dizziness and giddiness</i>	780.4
Drowning, drowned	<i>Drowning and nonfatal submersion</i>	994.1
Drug overdose	<i>Poisoning, unspecified drug or medicinal substance</i>	977.9
Drug reaction	<i>Unspecified adverse effect of drug, medicinal and biological substance</i>	995.2
Dysphasia	<i>Other speech disturbance</i>	784.5
Dyspnea	<i>Respiratory abnormality unspecified</i>	786.00
Eclampsia	<i>Eclampsia, unspecified as to episode of care or not applicable</i>	642.60
Ectopic pregnancy	<i>Abdominal pregnancy</i>	633.0
Ectopic pregnancy	<i>Tubal pregnancy</i>	633.1
Ectopic pregnancy	<i>Ovarian pregnancy</i>	633.2
Ectopic pregnancy	<i>Other ectopic pregnancy</i>	633.8
Ectopic pregnancy	<i>Unspecified ectopic pregnancy</i>	633.9
Edema	<i>Laryngeal</i>	478.6
Edema	<i>Penis</i>	607.83
Edema	<i>Male genital organ</i>	608.86
Edema	<i>Lung</i>	518.4
Edema - angioneurotic	<i>Angioneurotic edema</i>	995.1
Edema traumatic	<i>Edema</i>	782.3
Electrocution	<i>Electrocution and nonfatal effects of electric current</i>	994.8
Embolism	Pulmonary embolism and infarction, other	415.19
Embolism, venous	<i>Budd-chiari syndrome</i>	453.0
Embolism	<i>Thrombophlebitis migrans</i>	453.1
Embolism	<i>Of vena cava</i>	453.2
Embolism	<i>Of renal vein</i>	453.3

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Name	Modifier	Code Numbers
Embolism	<i>Of other specified veins</i>	453.8
Embolism	<i>Of unspecified site</i>	453.9
Embolism, artery	<i>Arterial embolism and thrombosis, of abdominal aorta</i>	444.0
Embolism	<i>Of thoracic aorta</i>	444.1
Embolism	<i>Of arteries of the upper extremity</i>	444.21
Embolism	<i>Of arteries of the lower extremity</i>	444.22
Embolism	<i>Iliac artery</i>	444.81
Embolism	<i>Other specified artery</i>	444.89
Embolism	<i>Of unspecified artery</i>	444.9
Emphysema	<i>Emphysematous bleb</i>	492.0
Emphysema	<i>Other emphysema</i>	492.8
Epilepsy	<i>Generalized convulsive epilepsy, without mention of intractable epilepsy</i>	345.10
Epilepsy	<i>With intractable epilepsy</i>	345.11
Epilepsy	<i>Petit mal status</i>	345.2
Epilepsy	<i>Grand mal status</i>	345.3
Epilepsy	<i>Partial epilepsy, with impairment of consciousness, without mention of intractable epilepsy</i>	345.40
Epilepsy	<i>With intractable epilepsy</i>	345.41
Epilepsy	<i>Partial epilepsy, without mention of impairment of consciousness, without mention of intractable epilepsy</i>	345.50
Epilepsy	<i>With intractable epilepsy</i>	345.51
Epilepsy	<i>Epilepsia partialis continue, without mention of intractable epilepsy</i>	345.70
Epilepsy	<i>With intractable epilepsy</i>	345.71
Epilepsy	<i>Other forms of epilepsy, without mention of intractable epilepsy</i>	345.80
Epilepsy	<i>With intractable epilepsy</i>	345.81
Epilepsy	<i>Without mention of intractable epilepsy</i>	345.90
Epilepsy	<i>With intractable epilepsy</i>	345.91
Epistaxis	<i>Epistaxis</i>	784.7
Esophageal obstruction	<i>Stricture and stenosis of esophagus</i>	530.3
Esophageal varices	<i>Esophagael varices in diseases classified elsewhere, with bleeding</i>	456.0
Esophageal varices	<i>with bleeding</i>	456.20
Evisceration traumatic	<i>Internal injury to unspecified or ill-defined organs, with open wound into cavity</i>	869.1
Exposure cold	<i>Unspecified effect of reduced temperature</i>	991.9
Extreme Agitation	<i>See 'Delusions'</i>	290.0 - 299.91 308.0 - 308.9
Eye injury	<i>Unspecified contusion of eye</i>	921.9
Fall	<i>Osteoarthritis, unspecified whether generalized or localized; site unspecified</i>	715.90
Fibrillation, ventricular	<i>Ventricular fibrillation</i>	427.41

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Name	Modifier	Code Numbers
Fibrillation, ventricular	<i>Ventricular flutter</i>	427.42
Flail chest	<i>Flail chest</i>	807.4
Foreign body eye	<i>Foreign body on external eye, unspecified site</i>	930.9
Foreign body larynx	<i>Foreign body in larynx</i>	933.1
Fracture ankle	<i>Unspecified, closed</i>	824.8
Fracture arm	<i>Ill-defined fracture(s) of upper arm, closed</i>	818.0
Fracture arm	<i>Open</i>	818.1
Fracture clavicle	<i>Closed, unspecified part</i>	810.00
Fracture clavicle	<i>Sternal end of clavicle</i>	810.01
Fracture clavicle	<i>Shaft of clavicle</i>	810.02
Fracture clavicle	<i>Acromial end of clavicle</i>	810.03
Fracture clavicle	<i>Open, unspecified part</i>	810.10
Fracture clavicle	<i>Sternal end of clavicle</i>	810.11
Fracture clavicle	<i>Shaft of clavicle</i>	810.12
Fracture clavicle	<i>Acromial end of clavicle</i>	810.13
Fracture facial bones	<i>Other facial bones, closed</i>	802.8
Fracture femur	<i>Closed, unspecified part of femur</i>	821.00
Fracture femur	<i>Shaft</i>	821.01
Fracture femur	<i>Open, unspecified part of femur</i>	821.10
Fracture femur	<i>Shaft</i>	821.11
Fracture femur	<i>Closed, lower end, unspecified part</i>	821.20
Fracture femur	<i>Condyle, femoral</i>	821.21
Fracture femur	<i>Epiphysis, lower (separation)</i>	821.22
Fracture femur	<i>Supracondylar fracture of femur</i>	821.23
Fracture femur	<i>Other</i>	821.29
Fracture femur	<i>Open, lower end, unspecified part</i>	821.30
Fracture femur	<i>Condyle, femoral</i>	821.31
Fracture femur	<i>Epiphysis, lower (separation)</i>	821.32
Fracture femur	<i>Supracondylar fracture of femur</i>	821.33
Fracture femur	<i>Other</i>	821.39
Fracture fingers	<i>Closed, phalanx or phalanges, unspecified</i>	816.00
Fracture fingers	<i>Middle or proximal phalanx or phalanges</i>	816.01
Fracture fingers	<i>Distal phalanx or phalanges</i>	816.02
Fracture fingers	<i>Multiple sites</i>	816.03
Fracture fingers	<i>Open, phalanx or phalanges, unspecified</i>	816.10
Fracture fingers	<i>middle or proximal phalanx or phalanges</i>	816.11
Fracture fingers	<i>Distal phalanx or phalanges</i>	816.12
Fracture fingers	<i>multiple sites</i>	816.13
Fracture foot	<i>Closed, unspecified bone(s) of foot [except toes]</i>	825.20
Fracture foot	<i>Astragalus</i>	825.21
Fracture forearm	<i>Forearm, unspecified</i>	813.80
Fracture forearm	<i>Radius (alone)</i>	813.81
Fracture forearm	<i>Ulna (alone)</i>	813.82

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Name	Modifier	Code Numbers
Fracture forearm	<i>Radius with ulna</i>	813.83
Fracture hand	<i>Closed, metacarpal bone(s), site unspecified</i>	815.00
Fracture hand	<i>Base of thumb [first] metacarpal</i>	815.01
Fracture hand	<i>Base of other metacarpal bone(s)</i>	815.02
Fracture hand	<i>Shaft of metacarpal bone(s)</i>	815.03
Fracture hand	<i>Neck of metacarpal bone(s)</i>	815.04
Fracture hand	<i>Multiple sites of metacarpus</i>	815.09
Fracture hand	<i>Open, metacarpal bone(s), site unspecified</i>	815.10
Fracture hand	<i>Base of thumb [first] metacarpal</i>	815.11
Fracture hand	<i>Base of other metacarpal bone(s)</i>	815.12
Fracture hand	<i>Shaft of metacarpal bone(s)</i>	815.13
Fracture hand	<i>Neck of metacarpal bone(s)</i>	815.14
Fracture hand	<i>Multiple sites of metacarpus</i>	815.19
Fracture hip	<i>Unspecified part of neck of femur, closed</i>	820.8
Fracture humerus	<i>Closed, unspecified part of humerus</i>	812.20
Fracture humerus	<i>Shaft of humerus</i>	812.21
Fracture jaw	<i>Mandible, closed, unspecified site</i>	802.20
Fracture jaw	<i>Multiple sites</i>	802.29
Fracture knee	<i>Patella, closed</i>	822.0
Fracture knee	<i>Open</i>	822.1
Fracture leg	<i>Other, multiple and ill-defined fracture(s) of the lower limb, closed</i>	827.0
Fracture leg	<i>Open</i>	827.1
Fracture maxilla	<i>Malar and maxillary bones, closed</i>	802.4
Fracture multiple	<i>Unspecified bone, closed</i>	829.0
Fracture multiple	<i>Open</i>	829.1
Fracture nose	<i>Nasal bones, closed</i>	802.0
Fracture nose	<i>Open</i>	802.1
Fracture pelvis	<i>Unspecified, closed</i>	808.8
Fracture ribs	Fracture of rib(s), closed, unspecified	807.00
Fracture ribs	Open, unspecified	807.10
Fracture scapula	Fracture of scapula, closed, unspecified part	811.00
Fracture scapula	Open, unspecified part	811.10
Fracture skull	<i>Other and unqualified skull fractures</i>	803
Fracture skull open	Other and unqualified skull fractures, open without mention of intracranial injury, unspecified state of consciousness	803.50
Fracture sternum	<i>Sternum closed</i>	807.2
Fracture vertebral with spinal injury	<i>Fracture of vertebral column with spinal injury, unspecified closed</i>	806.8
Fracture vertebra	<i>Fracture of vertebral column without mention of spinal injury, unspecified closed</i>	805.8
Fractured wrist	Fracture of carpal bone(s) closed, unspecified	814.00
Fractured wrist	Open, unspecified	814.10
Gastrointestinal obstruction	<i>Unspecified intestinal obstruction</i>	560.9

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Grand mal epilepsy	<i>General convulsive epilepsy, without mention of intractable epilepsy</i>	345.10
Grand mal epilepsy	<i>With intractable epilepsy</i>	345.11
Grossly Disorganized Thinking, Speech or Behavior	<i>Code breakdown at 'Delusions'</i>	290.0 - 299.91 308.0 - 308.9
Hallucination	<i>Code breakdown at 'Delusions'</i>	290.0 - 299.91 308.0 - 308.9
Hallucination	<i>Hallucination</i>	780.1
Heart Block	<i>Conduction disorder, unspecified</i>	426.9
Heat cramps	<i>Heat syncope</i>	992.1
Heat exhaustion	<i>Heat exhaustion due to salt depletion</i>	992.4
Heat Prostration	<i>Heat exhaustion, anhydrotic</i>	992.3
Heat Prostration	<i>Heat exhaustion due to salt depletion</i>	992.4
Heat Prostration	<i>Heat exhaustion, unspecified</i>	992.5
Hematemesis	<i>Hematemesis</i>	578.0
Hematuria	<i>Hematuria</i>	599.7
Hemiplegia acute	<i>Unspecified, affecting unspecified side</i>	342.90
Hemoptysis	<i>Hemoptysis</i>	786.3
Hemorrhage	<i>Gastrointestinal tract, unspecified</i>	578.9
Hemorrhage	<i>Subarachnoid</i>	430
Hemorrhage	<i>Esophageal varices with bleeding</i>	456.0
Hemorrhage	<i>without mention of bleeding</i>	456.1
Hemorrhage	<i>Esophageal varices in diseases classified elsewhere, with bleeding</i>	456.20
Hemorrhage	<i>without bleeding</i>	456.21
Hemorrhage complicating a procedure/Bleeding	Hemorrhage complicating a procedure	998.11
Hemorrhage cranial	<i>Unspecified intracranial hemorrhage</i>	432.9
Hemorrhage gastric	<i>Hemorrhage of gastrointestinal tract, unspecified</i>	578.9
Hemorrhage non-traumatic	<i>Hemorrhage, unspecified</i>	459.0
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer, acute without mention of obstruction</i>	532.20
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.21
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer, acute, without mention of obstruction</i>	532.30
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.31
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer, chronic or unspecified, with hemorrhage without mention of obstruction</i>	532.40
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.41
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer Chronic or unspecified with perforation without mention of obstruction</i>	532.50
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.51
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer Chronic or unspecified with hemorrhage and perforation, without mention of obstruction</i>	532.60
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.61

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer Acute with hemorrhage, without mention of obstruction</i>	532.00
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.01
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer, Acute with perforation, without mention of obstruction</i>	532.10
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.11
Hemorrhage of ulcer, duodenal	<i>Acute with hemorrhage and perforation, without mention of obstruction</i>	532.20
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.21
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer Acute without mention of hemorrhage or perforation, without mention of obstruction</i>	532.30
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.31
Hemorrhage of ulcer, duodenal	<i>Duodenal ulcer Chronic or unspecified with hemorrhage, without mention of obstruction</i>	532.40
Hemorrhage of ulcer, duodenal	<i>With obstruction</i>	532.41
Hemorrhage of ulcer, gastric	<i>Gastric ulcer Acute with hemorrhage and perforation, without mention of obstruction</i>	531.20
Hemorrhage of ulcer, gastric	<i>With obstruction</i>	531.21
Hemorrhage of ulcer, gastric	<i>Chronic or unspecified with hemorrhage and perforation, without mention of obstruction</i>	531.60
Hemorrhage of ulcer, gastric	<i>With obstruction</i>	531.61
Hemorrhage of ulcer, gastric	<i>Acute with hemorrhage, without mention of obstruction</i>	532.00
Hemorrhage of ulcer, gastric	<i>With obstruction</i>	532.01
Hemorrhage of ulcer, gastric	<i>Chronic or unspecified with hemorrhage, without mention of obstruction</i>	531.40
Hemorrhage of ulcer, gastric	<i>With obstruction</i>	531.41
Hemorrhage of ulcer, peptic	<i>Acute with hemorrhage and perforation, without mention of obstruction</i>	533.20
Hemorrhage of ulcer, peptic	<i>With obstruction</i>	533.21
Hemorrhage of ulcer, peptic	<i>Chronic or unspecified with hemorrhage and perforation, without mention of obstruction</i>	533.60
Hemorrhage of ulcer, peptic	<i>With obstruction</i>	533.61
Hemorrhage of ulcer, peptic	<i>Acute with hemorrhage, without mention of obstruction</i>	533.00
Hemorrhage of ulcer, peptic	<i>With obstruction</i>	533.01
Hemorrhage of ulcer, peptic	<i>Chronic or unspecified with hemorrhage, without mention of obstruction</i>	533.40
Hemorrhage of ulcer, peptic	<i>With obstruction</i>	533.41
Hemorrhage of ulcer, gastrojejunal	<i>Acute with hemorrhage and perforation, without mention of obstruction</i>	534.20
Hemorrhage of ulcer, gastrojejunal	<i>With obstruction</i>	534.21
Hemorrhage of ulcer, gastrojejunal	<i>Chronic or unspecified with hemorrhage and perforation, without mention of obstruction</i>	534.60
Hemorrhage of ulcer, gastrojejunal	<i>With obstruction</i>	534.61
Hemorrhage of ulcer, gastrojejunal	<i>Acute with hemorrhage, without mention of obstruction</i>	534.00

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Hemorrhage of ulcer, gastrojejunal	<i>With obstruction</i>	534.01
Hemorrhage of ulcer, gastrojejunal	<i>Chronic or unspecified with hemorrhage without mention of obstruction</i>	534.40
Hemorrhage of ulcer, gastrojejunal	<i>With obstruction</i>	534.41
Hemorrhage penis	<i>Vascular disorders of penis</i>	607.82
Hemorrhage post op	<i>Hemorrhage complicating a procedure</i>	998.11
Hemorrhage postpartum	<i>Unspecified as to episode of care or not applicable</i>	666.10
Hemorrhage scalp	<i>Hemorrhage, unspecified</i>	459.0
Hemorrhage spleen	<i>Diseases of spleen, other</i>	289.59
Hemorrhage vaginal	<i>Other specified non-inflammatory disorders of vagina</i>	623.8
Hemorrhage with gastritis or duodinitis	<i>Hemorrhage of gastrointestinal tract, unspecified</i>	578.9
Hemorrhage; vaginal	<i>Hemorrhage, from placenta previa, unspecified as to episode of care or not applicable</i>	641.10
Hemorrhage; vaginal	<i>Delivered, w/ or w/o mention of antepartum condition</i>	641.11
Hemorrhage; vaginal	<i>Antepartum condition or complication</i>	641.13
Hemorrhage; vaginal	<i>Premature separation of placenta, unspecified as to episode of care or not applicable</i>	641.20
Hemorrhage; vaginal	<i>delivered, w/ or w/o mention of antepartum condition</i>	641.21
Hemorrhage; vaginal	<i>antepartum condition or complication</i>	641.23
Hemorrhage; vaginal	<i>Antepartum hemorrhage associated with coagulation defects, unspecified as to episode of care or not applicable</i>	641.30
Hemorrhage; vaginal	<i>delivered, w/ or w/o mention of antepartum condition</i>	641.31
Hemorrhage; vaginal	<i>antepartum condition or complication</i>	641.33
Hemorrhage; vaginal	<i>Other antepartum hemorrhage unspecified as to episode of care or not applicable</i>	641.80
Hemorrhage; vaginal	<i>Delivered, w/ or w/o mention of antepartum condition</i>	641.81
Hemorrhage; vaginal	<i>Other antepartum condition or complication</i>	641.83
Hemorrhage; vaginal	<i>Antepartum, unspecified as to episode of care or not applicable</i>	641.90
Hemorrhage; vaginal	<i>Delivered, w/ or w/o mention of antepartum condition</i>	641.91
Hemorrhage; vaginal	<i>Other unspecified antepartum condition or complication</i>	641.93
Hemorrhage; vaginal	<i>In early pregnancy, unspecified as to episode of care or not applicable</i>	640.80
Hemorrhage; vaginal	<i>Delivered, w/ or w/o mention of antepartum condition</i>	640.81
Hemorrhage; vaginal	<i>Antepartum condition or complication</i>	640.83
Hemorrhage; vaginal	<i>In early pregnancy, unspecified as to episode of care or not applicable</i>	640.90

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Hemorrhage; vaginal	<i>Delivered, w/ or w/o mention of antepartum condition</i>	640.91
Hemorrhage; vaginal	<i>Antepartum condition or complication</i>	640.93
Hemorrhage; vaginal	<i>Other specified non-inflammatory disorders of vagina</i>	623.8
Hemorrhage; vaginal	<i>Infertility, female, of tubal origin</i>	628.2
Hemorrhage; vaginal	<i>Disorders of menstruation & other abnormal bleeding from female genital tract, other</i>	626.8
Hemorrhage; vaginal	<i>Delayed or excessive following abortion</i>	639.1
Hemorrhage; vaginal	<i>Third stage hemorrhage, unspecified as to episode of care or not applicable</i>	666.00
Hemorrhage; vaginal	<i>Delivered, with mention of postpartum complication</i>	666.02
Hemorrhage; vaginal	<i>Postpartum condition or complication</i>	666.04
Hemorrhage; vaginal	<i>Other immediate postpartum hemorrhage, unspecified as to episode of care or not applicable</i>	666.10
Hemorrhage; vaginal	<i>Delivered, with mention of postpartum complication</i>	666.12
Hemorrhage; vaginal	<i>Postpartum condition or complication</i>	666.14
Hemorrhage; vaginal	<i>Delayed and secondary postpartum, unspecified as to episode of care or not applicable</i>	666.20
Hemorrhage; vaginal	<i>Delivered, with mention of postpartum complication</i>	666.22
Hemorrhage; vaginal	<i>Postpartum condition or complication</i>	666.24
Hemorrhage; vaginal	<i>Postpartum coagulation defects, unspecified as to episode of care or not applicable</i>	666.30
Hemorrhage; vaginal	<i>Delivered, with mention of postpartum complication</i>	666.32
Hemorrhage; vaginal	<i>Postpartum condition or complication</i>	666.34
Hemorrhage-cerebral	<i>Intracerebral hemorrhage</i>	431
Hemorrhage-cerebral	<i>Non-traumatic extradural hemorrhage</i>	432.0
Hemorrhage-cerebral	<i>Subdural hemorrhage</i>	432.1
Hemorrhage-cerebral	<i>Unspecified intracranial hemorrhage</i>	432.9
Hemorrhage-leg	<i>Hemorrhage, unspecified</i>	459.0
Hemothorax open chest	<i>Hemothorax with open wound into thorax</i>	860.3
Hypertension	Hypertension, malignant	401.0
Hypertensive crisis	<i>Hypertensive encephalopathy</i>	437.2
Hypoglycemia, unspecified	<i>Hypoglycemia, unspecified</i>	251.2
Hypotension	<i>Hypotension, unspecified</i>	458.9
Hypothermia	<i>Hypothermia</i>	991.6
Impaired Reality	<i>see 'Delusions' for code breakdown</i>	290.0–299.91 308.0–308.9
Impaired Reality (Testing/Memory/Judgement/ impulse Control)	<i>Impulse control disorder, unspecified</i>	312.30

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Impaired Reality (Testing/Memory/Judgement/ impulse Control)	<i>Pathological gambling</i>	312.31
Impaired Reality (Testing/Memory/Judgement/ impulse Control)	<i>Kleptomania</i>	312.32
Impaired Reality (Testing/Memory/Judgement/ impulse Control)	<i>Pyromania</i>	312.33
Impaired Reality (Testing/Memory/Judgement/ impulse Control)	<i>Intermittent explosive disorder</i>	312.34
Incarcerated hernia	<i>Inguinal hernia with gangrene, unilateral or unspecified (not specified as recurrent)</i>	550.00
Incarcerated hernia	<i>Unilateral or unspecified recurrent</i>	550.01
Incarcerated hernia	<i>Bilateral (not specified as recurrent)</i>	550.02
Incarcerated hernia	<i>Bilateral recurrent</i>	550.03
Incarcerated hernia	<i>Inguinal hernia with obstruction, without mention of gangrene, unilateral or unspecified (not specified as recurrent)</i>	550.10
Incarcerated hernia	<i>Unilateral or unspecified recurrent</i>	550.11
Incarcerated hernia	<i>Bilateral (not specified as recurrent)</i>	550.12
Incarcerated hernia	<i>Bilateral recurrent</i>	550.13
Incarcerated hernia-except inguinal	<i>Femoral hernia with gangrene, unilateral or unspecified (not specified as recurrent)</i>	551.00
Incarcerated hernia-except inguinal	<i>Unilateral or unspecified recurrent</i>	551.01
Incarcerated hernia-except inguinal	<i>Bilateral (not specified as recurrent)</i>	551.02
Incarcerated hernia-except inguinal	<i>Bilateral recurrent</i>	551.03
Incarcerated hernia-except inguinal	<i>Umbilical hernia with gangrene</i>	551.1
Incarcerated hernia-except inguinal	<i>Ventral, unspecified, with gangrene</i>	551.20
Incarcerated hernia-except inguinal	<i>Incisional, with gangrene</i>	551.21
Incarcerated hernia-except inguinal	<i>Other</i>	551.29
Infarction	<i>Unstable angina</i>	411.1
Infarction	<i>Acute myocardial infarction of anterolateral wall, episode of care unspecified</i>	410.00
Infarction	<i>Initial episode of care</i>	410.01
Infarction	<i>Subsequent episode of care</i>	410.02
Infarction	<i>Of anterior wall, episode of care unspecified</i>	410.10
Infarction	<i>Initial episode of care</i>	410.11
Infarction	<i>Subsequent episode of care</i>	410.12
Infarction	<i>Of inferolateral wall episode of care unspecified</i>	410.20
Infarction	<i>Initial episode of care</i>	410.21
Infarction	<i>Subsequent episode of care</i>	410.22
Infarction	<i>Of inferoposterior wall, episode of care unspecified</i>	410.30
Infarction	<i>Initial episode of care</i>	410.31
Infarction	<i>Subsequent episode of care</i>	410.32

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Infarction	<i>Of other inferior wall, episode of care unspecified</i>	410.40
Infarction	<i>Initial episode of care</i>	410.41
Infarction	<i>Subsequent episode of care</i>	410.42
Infarction	<i>Of other lateral wall, episode of care unspecified</i>	410.50
Infarction	<i>Initial episode of care</i>	410.51
Infarction	<i>Subsequent episode of care</i>	410.52
Infarction	<i>True posterior wall infarction, episode of care unspecified</i>	410.60
Infarction	<i>Initial episode of care</i>	410.61
Infarction	<i>Subsequent episode of care</i>	410.62
Infarction	<i>Subendocardial infarction, episode of care unspecified</i>	410.70
Infarction	<i>Initial episode of care</i>	410.71
Infarction	<i>Subsequent episode of care</i>	410.72
Infarction	<i>Other specified sites, episode of care unspecified</i>	410.80
Infarction	<i>Initial episode of care</i>	410.81
Infarction	<i>Subsequent episode of care</i>	410.82
Infarction	<i>Unspecified site, episode of care unspecified</i>	410.90
Infarction	<i>Initial episode of care</i>	410.91
Infarction	<i>Subsequent episode of care</i>	410.92
Infarction	<i>Pulmonary embolism and infarction, other</i>	415.19
Infarction, cerebral	Cerebral artery occlusion, unspecified, without mention of cerebral infarction	434.90
Inhalation smoke	<i>Unspecified gas, fume, or vapor</i>	987.9
Inhalation-carbon monoxide	<i>Toxic effect of carbon monoxide</i>	986
Inhalation-fumes, gas or vapor	<i>Unspecified gas, fume, or vapor</i>	987.9
Injury	<i>Unspecified site</i>	959.9
Injury – back	<i>Trunk</i>	959.1
Injury – chest	<i>Trunk</i>	959.1
Injury - head (unspecified)	<i>Head injury, unspecified</i>	959.01
Injury carotid -internal	<i>Injury to internal carotid artery</i>	900.03
Injury face/neck	<i>Injury of face and neck</i>	959.09
Injury finger	<i>Finger</i>	959.5
Injury hand	<i>Hand, except finger</i>	959.4
Injury, lower limb	<i>Hip and thigh</i>	959.6
Injury, lower extremity	<i>Knee, leg, ankle, and foot</i>	959.7
Injury-wrist, forearm, elbow	<i>Elbow, forearm, and wrist</i>	959.3
Insulin reaction	<i>Insulins and antidiabetic agents</i>	962.3
Labor	<i>Early onset of labor, unspecified as to episode of care or not applicable</i>	644.20
Labor	<i>Threatened, premature labor, unspecified as to episode of care or not applicable</i>	644.00
Laceration	<i>Accidental puncture or laceration during a procedure</i>	998.2
Laryngeal edema	<i>Edema of larynx</i>	478.6

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Loss of consciousness	<i>Effects of lightning</i>	994.0
Loss of consciousness/decreased	<i>Coma</i>	780.01
Loss of consciousness/decreased	<i>Transient alteration of awareness</i>	780.02
Loss of consciousness/decreased	<i>Persistent vegetative state</i>	780.03
Loss of consciousness/decreased	<i>Other</i>	780.09
Malfunction-pacemaker	<i>Mechanical complication, unspecified device, implant and graft</i>	996.01
Medications, reactions to ...	<i>Poisoning by penicillins</i>	960.0
Medications, reactions to ...	<i>Antifungal antibiotics</i>	960.1
Medications, reactions to ...	<i>Chloramphenciol group</i>	960.2
Medications, reactions to ...	<i>Erythromycin and other macrolides</i>	960.3
Medications, reactions to ...	<i>Tetracycline group</i>	960.4
Medications, reactions to ...	<i>Cephalosporin group</i>	960.5
Medications, reactions to ...	<i>Antimycobacterial antibiotics</i>	960.6
Medications, reactions to ...	<i>Antineoplastic antibiotics</i>	960.7
Medications, reactions to ...	<i>Other specified antibiotics</i>	960.8
Medications, reactions to ...	<i>Unspecified antibiotic</i>	960.9
Medications, reactions to ...	<i>Sulfonamides</i>	961.0
Medications, reactions to ...	<i>Arsenic anti-infectives</i>	961.1
Medications, reactions to ...	<i>Heavy metal anti-infectives</i>	961.2
Medications, reactions to ...	<i>Quinoline and hydroxyquinoline derivatives</i>	961.3
Medications, reactions to ...	<i>Antimalarials and drugs acting on other blood protozoa</i>	961.4
Medications, reactions to ...	<i>Other antiprotozoal drugs</i>	961.5
Medications, reactions to ...	<i>Anthelmintics</i>	961.6
Medications, reactions to ...	<i>Antiviral drugs</i>	961.7
Medications, reactions to ...	<i>Other antimycobacterial drugs</i>	961.8
Medications, reactions to ...	<i>Other and unspecified anti-infectives</i>	961.9
Medications, reactions to ...	<i>Adrenal cortical steroids</i>	962.0
Medications, reactions to ...	<i>Androgens and anabolic congeners</i>	962.1
Medications, reactions to ...	<i>Ovarian hormones and synthetic substitutes</i>	962.2
Medications, reactions to ...	<i>Insulins and antidiabetic agents</i>	962.3
Medications, reactions to ...	<i>Anterior pituitary hormones</i>	962.4
Medications, reactions to ...	<i>Posterior pituitary hormones</i>	962.5
Medications, reactions to ...	<i>Parathyroid and parathyroid derivatives</i>	962.6
Medications, reactions to ...	<i>Thyroid and thyroid derivatives</i>	962.7
Medications, reactions to ...	<i>Antithyroid agents</i>	962.8
Medications, reactions to ...	<i>Other and unspecified hormones & synthetic substitutes</i>	962.9
Medications, reactions to ...	<i>Antiallergic and antiemetic drugs</i>	963.0
Medications, reactions to ...	<i>Antineoplastic and immunosuppressive drugs</i>	963.1
Medications, reactions to ...	<i>Acidifying agents</i>	963.2
Medications, reactions to ...	<i>Alkalizing agents</i>	963.3
Medications, reactions to ...	<i>Enzymes, not elsewhere classified</i>	963.4

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Medications, reactions to ...	<i>Vitamins, not elsewhere classified</i>	963.5
Medications, reactions to ...	<i>Other specified systemic agents</i>	963.8
Medications, reactions to ...	<i>Unspecified systemic agents</i>	963.9
Medications, reactions to ...	<i>Iron and its compounds</i>	964.0
Medications, reactions to ...	<i>Liver preparations and other antianemic agents</i>	964.1
Medications, reactions to ...	<i>Poisoning by anticoagulants</i>	964.2
Medications, reactions to ...	<i>Vitamin K [phytonadione]</i>	964.3
Medications, reactions to ...	<i>Fibrinolysis-affecting drugs</i>	964.4
Medications, reactions to ...	<i>Anticoagulant antagonists and other coagulants</i>	964.5
Medications, reactions to ...	<i>Gamma globulin</i>	964.6
Medications, reactions to ...	<i>Natural blood and blood products</i>	964.7
Medications, reactions to ...	<i>Other specified agents affecting blood constituents</i>	964.8
Medications, reactions to ...	<i>Unspecified agent affecting blood constituents</i>	964.9
Medications, reactions to ...	<i>Opium (alkaloids), unspecified</i>	965.00
Medications, reactions to ...	<i>Heroin</i>	965.01
Medications, reactions to ...	<i>Methadone</i>	965.02
Medications, reactions to ...	<i>Other</i>	965.09
Medications, reactions to ...	<i>Salicylates</i>	965.1
Medications, reactions to ...	<i>Aromatic analgesics, not elsewhere classified</i>	965.4
Medications, reactions to ...	<i>Pyrazole derivatives</i>	965.5
Medications, reactions to ...	<i>Propionic acid derivatives</i>	965.61
Medications, reactions to ...	<i>Other antirheumatics</i>	965.69
Medications, reactions to ...	<i>Other non-narcotic analgesics</i>	965.7
Medications, reactions to ...	<i>Other specified analgesics and antipyretics</i>	965.8
Medications, reactions to ...	<i>Unspecified analgesic and antipyretic</i>	965.9
Medications, reactions to ...	<i>Oxazolidine derivatives</i>	966.0
Medications, reactions to ...	<i>Hydantoin derivatives</i>	966.1
Medications, reactions to ...	<i>Succinimides</i>	966.2
Medications, reactions to ...	<i>Other & unspecified anticonvulsants</i>	966.3
Medications, reactions to ...	<i>Anti-Parkinsonism drugs</i>	966.4
Medications, reactions to ...	<i>Barbiturates</i>	967.0
Medications, reactions to ...	<i>Chloral hydrate group</i>	967.1
Medications, reactions to ...	<i>Paraldehyde</i>	967.2
Medications, reactions to ...	<i>Bromine compounds</i>	967.3
Medications, reactions to ...	<i>Methaqualone compounds</i>	967.4
Medications, reactions to ...	<i>Glutethimide group</i>	967.5
Medications, reactions to ...	<i>Mixed sedatives, not elsewhere classified</i>	967.6
Medications, reactions to ...	<i>Other sedatives and hypnotics</i>	967.8
Medications, reactions to ...	<i>Unspecified sedative or hypnotic</i>	967.9
Medications, reactions to ...	<i>Central nervous system muscle-tone depressants</i>	968.0
Medications, reactions to ...	<i>Halothane</i>	968.1
Medications, reactions to ...	<i>Other gaseous anesthetics</i>	968.2

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Medications, reactions to ...	<i>Intravenous anesthetics</i>	968.3
Medications, reactions to ...	<i>Other and unspecified general anesthetics</i>	968.4
Medications, reactions to ...	<i>Surface [topical] and infiltration anesthetics</i>	968.5
Medications, reactions to ...	<i>Poisoning by peripheral nerve- and plexus-blocking anesthetics</i>	968.6
Medications, reactions to ...	<i>Spinal anesthetics</i>	968.7
Medications, reactions to ...	<i>Other and unspecified local anesthetics</i>	968.9
Medications, reactions to ...	<i>Antidepressants</i>	969.0
Medications, reactions to ...	<i>Phenothiazine-based tranquilizers</i>	969.1
Medications, reactions to ...	<i>Butyrophenone-based tranquilizers</i>	969.2
Medications, reactions to ...	<i>Other antipsychotics, neuroleptics, and major tranquilizers</i>	969.3
Medications, reactions to ...	<i>Benzodiazepine-based tranquilizers</i>	969.4
Medications, reactions to ...	<i>Other tranquilizers</i>	969.5
Medications, reactions to ...	<i>Psychodysleptics [hallucinogens]</i>	969.6
Medications, reactions to ...	<i>Psychostimulants</i>	969.7
Medications, reactions to ...	<i>Other specified psychotropic agents</i>	969.8
Medications, reactions to ...	<i>Unspecified psychotropic agent</i>	969.9
Medications, reactions to ...	<i>Analeptics</i>	970.0
Medications, reactions to ...	<i>Opiate antagonists</i>	970.1
Medications, reactions to ...	<i>Other specified central nervous system stimulants</i>	970.8
Medications, reactions to ...	<i>Unspecified central nervous system stimulant</i>	970.9
Medications, reactions to ...	<i>Parasympathomimetics [cholinergics]</i>	971.0
Medications, reactions to ...	<i>Parasympatholytics [anticholinergics & antimuscarinics] and spasmolytics</i>	971.1
Medications, reactions to ...	<i>Sympathomimetics [adrenergics]</i>	971.2
Medications, reactions to ...	<i>Sympatholytics [antiadrenergics]</i>	971.3
Medications, reactions to ...	<i>Unspecified drug primarily affecting autonomic nervous system</i>	971.9
Medications, reactions to ...	<i>Cardiac rhythm regulators</i>	972.0
Medications, reactions to ...	<i>Cardiotonic glycosides and drugs of similar action</i>	972.1
Medications, reactions to ...	<i>Antilipemic and antiarteriosclerotic drugs</i>	972.2
Medications, reactions to ...	<i>Ganglion-blocking agents</i>	972.3
Medications, reactions to ...	<i>Coronary vasodilators</i>	972.4
Medications, reactions to ...	<i>Other vasodilators</i>	972.5
Medications, reactions to ...	<i>Other antihypertensive agents</i>	972.6
Medications, reactions to ...	<i>Antivaricose drugs, including sclerosing agents</i>	972.7
Medications, reactions to ...	<i>Capillary-active drugs</i>	972.8
Medications, reactions to ...	<i>Other and unspecified agents primarily affecting the cardiovascular system</i>	972.9
Medications, reactions to ...	<i>Antacids and antigastric secretion drugs</i>	973.0
Medications, reactions to ...	<i>Irritant cathartics</i>	973.1
Medications, reactions to ...	<i>Emollient cathartics</i>	973.2

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Medications, reactions to ...	<i>Other cathartics, including intestinal atonia drugs</i>	973.3
Medications, reactions to ...	<i>Digestants</i>	973.4
Medications, reactions to ...	<i>Antidiarrheal drugs</i>	973.5
Medications, reactions to ...	<i>Emetics</i>	973.6
Medications, reactions to ...	<i>Other specified agents primarily affecting the gastrointestinal system</i>	973.8
Medications, reactions to ...	<i>Unspecified agent primarily affecting the gastrointestinal system</i>	973.9
Medications, reactions to ...	<i>Mercurial diuretics</i>	974.0
Medications, reactions to ...	<i>Purine derivative diuretics</i>	974.1
Medications, reactions to ...	<i>Carbonic acid anhydrase inhibitors</i>	974.2
Medications, reactions to ...	<i>Saluretics</i>	974.3
Medications, reactions to ...	<i>Other diuretics</i>	974.4
Medications, reactions to ...	<i>Electrolytic, caloric, and water-based agents</i>	974.5
Medications, reactions to ...	<i>Other mineral salts, not elsewhere classified</i>	974.6
Medications, reactions to ...	<i>Uric acid metabolism drugs</i>	974.7
Medications, reactions to ...	<i>Oxytocic agents</i>	975.0
Medications, reactions to ...	<i>Smooth muscle relaxants</i>	975.1
Medications, reactions to ...	<i>Skeletal muscle relaxants</i>	975.2
Medications, reactions to ...	<i>Other and unspecified drugs acting on muscles</i>	975.3
Medications, reactions to ...	<i>Antitussives</i>	975.4
Medications, reactions to ...	<i>Expectorants</i>	975.5
Medications, reactions to ...	<i>Anti-common cold drugs</i>	975.6
Medications, reactions to ...	<i>Antiasthmatics</i>	975.7
Medications, reactions to ...	<i>Other and unspecified respiratory drugs</i>	975.8
Medications, reactions to ...	<i>Local anti-infectives and anti-inflammatory drugs</i>	976.0
Medications, reactions to ...	<i>Antipruritics</i>	976.1
Medications, reactions to ...	<i>Local astringents & local detergents</i>	976.2
Medications, reactions to ...	<i>Emollients, demulcents, and protectants</i>	976.3
Medications, reactions to ...	<i>Keratolytics, keratoplastics, other hair treatment drugs and preparations</i>	976.4
Medications, reactions to ...	<i>Eye anti-infectives and other eye drugs</i>	976.5
Medications, reactions to ...	<i>Anti-infectives & other drugs & preparations for ear, nose, & throat</i>	976.6
Medications, reactions to ...	<i>Dental drugs topically applied</i>	976.7
Medications, reactions to ...	<i>Other agents primarily affecting skin & mucous membrane</i>	976.8
Medications, reactions to ...	<i>Unspecified agent primarily affecting skin & mucous membrane</i>	976.9
Medications, reactions to ...	<i>Dietetics</i>	977.0
Medications, reactions to ...	<i>Lipotropic drugs</i>	977.1
Medications, reactions to ...	<i>Antidotes & chelating agents, not elsewhere classified</i>	977.2
Medications, reactions to ...	<i>Alcohol deterrents</i>	977.3
Medications, reactions to ...	<i>Pharmaceutical excipients</i>	977.4

Name	Modifier	Code Numbers
Medications, reactions to ...	<i>Other specified drugs & medicinal substances</i>	977.8
Medications, reactions to ...	<i>Unspecified drug or medicinal substance</i>	977.9
Medications, reactions to ...	<i>BCG</i>	978.0
Medications, reactions to ...	<i>Typhoid and paratyphoid</i>	978.1
Medications, reactions to ...	<i>Cholera</i>	978.2
Medications, reactions to ...	<i>Plague</i>	978.3
Medications, reactions to ...	<i>Tetanus</i>	978.4
Medications, reactions to ...	<i>Diphtheria</i>	978.5
Medications, reactions to ...	<i>Pertussis vaccine, including combinations with a pertussis component</i>	978.6
Medications, reactions to ...	<i>Other & unspecified bacterial vaccines</i>	978.8
Medications, reactions to ...	<i>Mixed bacterial vaccines, except combinations with a pertussis component</i>	978.9
Medications, reactions to ...	<i>Smallpox vaccine</i>	979.0
Medications, reactions to ...	<i>Rabies vaccine</i>	979.1
Medications, reactions to ...	<i>Typhus vaccine</i>	979.2
Medications, reactions to ...	<i>Yellow fever vaccine</i>	979.3
Medications, reactions to ...	<i>Measles vaccine</i>	979.4
Medications, reactions to ...	<i>Poliomyelitis vaccine</i>	979.5
Medications, reactions to ...	<i>Other & unspecified viral & rickettsial vaccines</i>	979.6
Medications, reactions to ...	<i>Mixed viral-rickettsial & bacterial vaccines, except combinations with a pertussis component</i>	979.7
Medications, reactions to ...	<i>Other & unspecified vaccines & biological substances</i>	979.9
Meningitis	<i>Hemophilus meningitis</i>	320.0
Meningitis	<i>Pneumococcal meningitis</i>	320.1
Meningitis	<i>Streptococcal meningitis</i>	320.2
Meningitis	<i>Staphylococcal meningitis</i>	320.3
Meningitis	<i>Meningitis in other bacterial diseases classified elsewhere</i>	320.7
Meningitis	<i>Anaerobic meningitis</i>	320.81
Meningitis	<i>Meningitis due to gram-negative bacteria not elsewhere classified</i>	320.82
Meningitis	<i>Due to other specified bacteria</i>	320.89
Meningitis	<i>Due to unspecified bacterium</i>	320.9
Meningitis	<i>Cryptococcal meningitis</i>	321.0
Meningitis	<i>Meningitis in other fungal diseases</i>	321.1
Meningitis	<i>Meningitis due to viruses not elsewhere classified</i>	321.2
Meningitis	<i>Due to trypanosomiasis</i>	321.3
Meningitis	<i>In sarcoidosis</i>	321.4
Meningitis	<i>Due to other nonbacterial organisms classified elsewhere</i>	321.8
Meningitis	<i>Nonpyogenic meningitis</i>	322.0
Meningitis	<i>Eosinophilic meningitis</i>	322.1
Meningitis	<i>Chronic meningitis</i>	322.2

Name	Modifier	Code Numbers
Meningitis	<i>Unspecified meningitis</i>	322.9
Meningitis	<i>Meningitis due to coxsackie virus</i>	047.0
Meningitis	<i>Meningitis due to ECHO virus</i>	047.1
Meningitis	<i>Other specified viral meningitis</i>	047.8
Meningitis	<i>Unspecified viral meningitis</i>	047.9
Meningitis	<i>Lymphocytic choriomeningitis</i>	049.0
Meningitis	<i>Meningitis due to adenovirus</i>	049.1
Mental Confusion; Disorientation; Stupor; Incoherence; Impaired Consciousness; Dissociation	<i>see 'Delusions'</i>	290.0 - 299.91 308.0 - 308.9
Myocardial infarction	<i>Unstable angina</i>	411.1
Myocardial infarction	<i>see 'Infarction, myocardial'</i>	410.00-410.90
Obstruction	<i>Esophageal</i>	530.3
Obstruction	<i>Colostomy and enterostomy complication, unspecified</i>	569.60
Obstruction-airway	<i>Chronic airway obstruction, not elsewhere classified</i>	496
Obstruction-airway	<i>Other diseases of the lung</i>	519.8
Orchitis	<i>Orchitis, epididymitis, & epididymo-orchitis, with mention of abscess</i>	604.0
Orchitis	<i>Orchitis and epididymitis unspecified</i>	604.90
Orchitis	<i>Orchitis and epididymitis in diseased classified elsewhere</i>	604.91
Orchitis	<i>Other</i>	604.99
Otorrhagia	<i>Otorrhea, other</i>	388.69
Pacemaker, malfunction	<i>Due to cardiac pacemaker (electrode)</i>	996.01
Pain	<i>In or around the eye</i>	379.91
Pain	<i>Penile</i>	607.9
Pain	<i>Testicular</i>	608.9
Pain abdominal	<i>Unspecified site</i>	789.00
Pain abdominal	<i>Right upper quadrant</i>	789.01
Pain abdominal	<i>Left upper quadrant</i>	789.02
Pain abdominal	<i>Right lower quadrant</i>	789.03
Pain abdominal	<i>Left lower quadrant</i>	789.04
Pain abdominal	<i>Periumbilic</i>	789.05
Pain abdominal	<i>Epigastric</i>	789.06
Pain abdominal	<i>Generalized</i>	789.07
Pain abdominal	<i>Other specified site</i>	789.09
Pain genital area-male	<i>Unspecified disorder of male genital organ</i>	608.9
Pain heart	<i>Precordial pain</i>	786.51
Pain hip	<i>Pain in joint, pelvic region and thigh</i>	719.45
Pain knee	<i>Pain in joint, lower leg</i>	719.46
Pain limb	<i>Pain in limb</i>	729.5
Pain chest	<i>Chest pain, unspecified</i>	786.50
Pain shoulder region	<i>Pain in joint, site unspecified</i>	719.41

Name	Modifier	Code Numbers
Pain-chest	<i>Chest pain, unspecified</i>	786.50
Pain-chest	<i>Precordial pain</i>	786.51
Painful respiration	<i>Painful respiration</i>	786.52
Palpitations	<i>Palpitations</i>	785.1
Paralysis	<i>Paralysis, unspecified</i>	344.9
Paroxysmal tachycardia	<i>Paroxysmal supraventricular tachycardia</i>	427.0
Penetrating wound eye	<i>Unspecified ocular penetration</i>	871.7
Peritonitis	<i>Peritonitis in infectious diseases classified elsewhere</i>	567.0
Peritonitis	<i>Pneumococcal peritonitis</i>	567.1
Peritonitis	<i>Other suppurative peritonitis</i>	567.2
Peritonitis	<i>Other specified peritonitis</i>	567.8
Peritonitis	<i>Unspecified peritonitis</i>	567.9
Phlebitis	<i>Of superficial vessels of lower extremities</i>	451.0
Phlebitis	<i>Femoral vein (deep) (superficial)</i>	451.11
Phlebitis	<i>Other</i>	451.19
Phlebitis	<i>Of lower extremities, unspecified</i>	451.2
Phlebitis	<i>Iliac vein</i>	451.81
Phlebitis	<i>Of superficial veins of upper extremities</i>	451.82
Phlebitis	<i>Of deep veins of upper extremities</i>	451.83
Phlebitis	<i>Of upper extremities, unspecified</i>	451.84
Phlebitis	<i>Other</i>	451.89
Phlebitis	<i>Of unspecified site</i>	451.9
Pneumothorax	<i>Spontaneous tension pneumothorax</i>	512.0
Pneumothorax	<i>Latrogenic pneumothorax</i>	512.1
Pneumothorax	<i>Other spontaneous pneumothorax</i>	512.8
Poisoning - gas	<i>Unspecified gas, fume, or vapors</i>	987.9
Poisoning food	<i>Food poisoning, unspecified</i>	005.9
Poisoning-unspecific	<i>Unspecified drug or medicinal substance</i>	977.9
Post-partum hemorrhage	<i>Following abortion (delayed or excessive hemorrhage)</i>	639.1
Post-partum hemorrhage	<i>Third stage, unspecified as to episode of care or not applicable</i>	666.00
Post-partum hemorrhage	<i>Delivered, with mention of postpartum complication</i>	666.02
Post-partum hemorrhage	<i>Postpartum condition or complication</i>	666.04
Post-partum hemorrhage	<i>Other immediate postpartum hemorrhage, unspecified as to episode of care or not applicable</i>	666.10
Post-partum hemorrhage	<i>Delivered, with mention of postpartum complication</i>	666.12
Post-partum hemorrhage	<i>Postpartum condition or complication</i>	666.14
Post-partum hemorrhage	<i>Delayed & secondary postpartum hemorrhage, unspecified as to episode of care or not applicable</i>	666.20
Post-partum hemorrhage	<i>Delivered, with mention of postpartum complication</i>	666.22

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Name	Modifier	Code Numbers
Post-partum hemorrhage	<i>Postpartum condition or complication</i>	666.24
Post-partum hemorrhage	<i>Postpartum coagulation defects unspecified as to episode of care or not applicable</i>	666.30
Post-partum hemorrhage	<i>Delivered, with mention of postpartum complication</i>	666.32
Post-partum hemorrhage	<i>Postpartum condition or complication</i>	666.34
Pregnancy	Normal delivery	650
Pregnancy	<i>Mild hyperemesis gravidarum, unspecified as to episode of care or not applicable</i>	643.00
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	643.01
Pregnancy	<i>Antepartum condition or complication</i>	643.03
Pregnancy	<i>Hyperemesis gravidarum with metabolic disturbance, unspecified as to episode of care or not applicable</i>	643.10
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	643.11
Pregnancy	<i>Antepartum condition or complication</i>	643.13
Pregnancy	<i>Late vomiting of pregnancy unspecified as to episode of care or not applicable</i>	643.20
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	643.21
Pregnancy	<i>Antepartum condition or complication</i>	643.23
Pregnancy	<i>Other vomiting complicating pregnancy, unspecified as to episode of care or not applicable</i>	643.80
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	643.81
Pregnancy	<i>Antepartum condition or complication</i>	643.83
Pregnancy	<i>Unspecified vomiting of pregnancy, unspecified as to episode of care or not applicable</i>	643.90
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	643.91
Pregnancy	<i>Antepartum condition or complication</i>	643.93
Pregnancy	<i>Spontaneous abortion, complicated by genital tract & pelvic infection, stage unspecified</i>	634.00
Pregnancy	<i>Incomplete</i>	634.01
Pregnancy	<i>Complete</i>	634.02
Pregnancy	<i>Spontaneous abortion, complicated by delayed or excessive hemorrhage, stage unspecified</i>	634.10
Pregnancy	<i>Incomplete</i>	634.11
Pregnancy	<i>Complete</i>	634.12
Pregnancy	<i>Spontaneous abortion, complicated by damage to pelvic organs or tissues, stage unspecified</i>	634.20
Pregnancy	<i>Incomplete</i>	634.21
Pregnancy	<i>Complete</i>	634.22
Pregnancy	<i>Spontaneous abortion, complicated by renal failure, stage unspecified</i>	634.30
Pregnancy	<i>Incomplete</i>	634.31
Pregnancy	<i>Complete</i>	634.32

Name	Modifier	Code Numbers
Pregnancy	<i>Spontaneous abortion complicated by metabolic disorder, stage unspecified</i>	634.40
Pregnancy	<i>Incomplete</i>	634.41
Pregnancy	<i>Complete</i>	634.42
Pregnancy	<i>Spontaneous abortion complicated by shock, stage unspecified</i>	634.50
Pregnancy	<i>Incomplete</i>	634.51
Pregnancy	<i>complete</i>	634.52
Pregnancy	<i>Spontaneous abortion complicated by embolism, stage unspecified</i>	634.60
Pregnancy	<i>Incomplete</i>	634.61
Pregnancy	<i>Complete</i>	634.62
Pregnancy	<i>Spontaneous abortion, with other specified complications, stage unspecified</i>	634.70
Pregnancy	<i>Incomplete</i>	634.71
Pregnancy	<i>Complete</i>	634.72
Pregnancy	<i>Spontaneous abortion, with unspecified complication, stage unspecified</i>	634.80
Pregnancy	<i>Incomplete</i>	634.81
Pregnancy	<i>Complete</i>	634.82
Pregnancy	<i>Spontaneous abortion, without mention of complication, stage unspecified</i>	634.90
Pregnancy	<i>Incomplete</i>	634.91
Pregnancy	<i>Complete</i>	634.92
Pregnancy	<i>Other specified hemorrhage in early pregnancy, unspecified as to episode of care or not applicable</i>	640.80
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	640.81
Pregnancy	<i>Antepartum condition or complication</i>	640.83
Pregnancy	<i>Unspecified hemorrhage in early pregnancy, unspecified as to episode of care or not applicable</i>	640.90
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	640.91
Pregnancy	<i>Antepartum condition or complication</i>	640.93
Pregnancy	<i>Hemorrhage from placenta previa, unspecified as to episode of care or not applicable</i>	641.10
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	641.11
Pregnancy	<i>Antepartum condition or complication</i>	641.13
Pregnancy	<i>Premature separation of placenta, unspecified as to episode of care or not applicable</i>	641.20
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	641.21
Pregnancy	<i>Antepartum condition or complication</i>	641.23
Pregnancy	<i>Antepartum hemorrhage associated with coagulation defects, unspecified as to episode of care or not applicable</i>	641.30

Name	Modifier	Code Numbers
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	641.31
Pregnancy	<i>Antepartum condition or complication</i>	641.33
Pregnancy	<i>Other antepartum hemorrhage, unspecified as to episode of care or not applicable</i>	641.80
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	641.81
Pregnancy	<i>Antepartum condition or complication</i>	641.83
Pregnancy	<i>Unspecified antepartum hemorrhage unspecified as to episode of care or not applicable</i>	641.90
Pregnancy	<i>Delivered, with or w/o mention of antepartum condition</i>	641.91
Pregnancy	<i>Antepartum condition or complication</i>	641.93
Pregnancy	<i>Early onset of delivery, unspecified as to episode of care or not applicable</i>	644.20
Pregnancy	<i>Delivered, w/ or w/o mention of antepartum condition</i>	644.21
Pregnancy	<i>Threatened premature labor, unspecified as to episode of care or not applicable</i>	644.00
Pregnancy	<i>Antepartum condition or complication</i>	644.03
Pregnancy	<i>Other threatened labor, unspecified as to episode of care</i>	644.10
Pregnancy	<i>Eclampsia, unspecified as to episode of care or not applicable</i>	642.60
Pregnancy	<i>Delivered, w/ or w/o mention of antepartum condition</i>	642.61
Pregnancy	<i>Delivered, with mention of postpartum complication</i>	642.62
Pregnancy	<i>Antepartum condition or complication</i>	642.63
Pregnancy	<i>Postpartum condition or complication</i>	642.64
Pulmonary edema	<i>Acute edema of lung, unspecified</i>	518.4
Puncture wound	<i>Open wound(s) (multiple) of unspecified(s) w/o mention of complication</i>	879.8
Renal-colic	<i>Renal colic</i>	788.0
Respiratory arrest	<i>Respiratory arrest</i>	799.1
Respiratory distress	<i>Other</i>	786.09
Respiratory distress syndrome	<i>Respiratory distress syndrome</i>	769
Retention, urinary	<i>Retention of urine, unspecified</i>	788.20
Rib pain	<i>Chest pain, other</i>	786.59
Shock-anaphylactic	<i>Other anaphylactic shock</i>	995.0
Shoulder injury	<i>Shoulder and upper arm</i>	959.2
Sickle cell crisis	<i>Sickle cell anemia, Hb-S disease with mention of crisis</i>	282.62
Strangulated hernia	<i>Inguinal hernia with gangrene, unilateral or unspecified (not specified as recurrent)</i>	550.00
Strangulated hernia	<i>Unilateral or unspecified, recurrent</i>	550.01
Strangulated hernia	<i>Bilateral (not specified as recurrent)</i>	550.02

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APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Strangulated hernia	<i>Bilateral, recurrent</i>	550.03
Strangulated hernia	<i>Inguinal hernia, with obstruction, without mention of gangrene, unilateral or unspecified (not specified as recurrent)</i>	550.10
Strangulated hernia	<i>Unilateral or unspecified, recurrent</i>	550.11
Strangulated hernia	<i>Bilateral (not specified as recurrent)</i>	550.12
Strangulated hernia	<i>Bilateral, recurrent</i>	550.13
Strangulated hernia, except inguinal	<i>Femoral hernia with gangrene, unilateral or unspecified (not specified as recurrent)</i>	551.00
Strangulated hernia, except inguinal	<i>Unilateral or unspecified, recurrent</i>	551.01
Strangulated hernia, except inguinal	<i>Bilateral (not specified as recurrent)</i>	551.02
Strangulated hernia, except inguinal	<i>Bilateral, recurrent</i>	551.03
Strangulated hernia, except inguinal	<i>Umbilical hernia with gangrene</i>	551.1
Strangulated hernia, except inguinal	<i>Ventral, unspecified, with gangrene</i>	551.20
Strangulated hernia, except inguinal	<i>Incisional, with gangrene</i>	551.21
Strangulated hernia, except inguinal	<i>Other</i>	551.29
Stridor	<i>Stridor</i>	786.1
Suicide:	<i>see 'Delusions'</i>	290.0 - 299.91
Ideation/Verbalization/Plan/Act		308.0 - 308.9
Swelling or mass-eye	<i>Swelling or mass of eye</i>	379.92
Syncope	<i>Syncope and collapse</i>	780.2
Tachycardia	<i>With sinus bradycardia</i>	427.81
Tachycardia	<i>Tachycardia, unspecified</i>	785.0
Testicular torsion	<i>Torsion of testis</i>	608.2
Tetany	<i>Tetany</i>	781.7
Threatened abortion	<i>Threatened abortion, unspecified as to episode of care or not applicable</i>	640.00
Threatened abortion	<i>Delivered, with or without mention of antepartum condition</i>	640.01
Threatened abortion	<i>Antepartum condition or complication</i>	640.03
Threatened premature abortion	<i>Threatened premature abortion, unspecified as to episode of care or not applicable</i>	644.00
Threatened premature abortion	<i>Antepartum condition or complication</i>	644.03
Thrombophlebitis	<i>Of superficial vessels of lower extremities</i>	451.0
Thrombophlebitis	<i>Femoral vein (deep) (superficial)</i>	451.11
Thrombophlebitis	<i>Other</i>	451.19
Thrombophlebitis	<i>Of lower extremities, unspecified</i>	451.2
Thrombophlebitis	<i>Iliac vein</i>	451.81
Thrombophlebitis	<i>Of superficial veins of upper extremities</i>	451.82
Thrombophlebitis	<i>Of deep veins of upper extremities</i>	451.83
Thrombophlebitis	<i>Of upper extremities, unspecified</i>	451.84
Thrombophlebitis	<i>Other</i>	451.89
Thrombophlebitis	<i>Of unspecified site</i>	451.9
Transitory respiratory distress syndrome	<i>Transitory tachypnea of newborn</i>	770.6

MANUAL TITLE	Ambulance	PAGE 36
APPENDIX TITLE	DIAGNOSIS CODES FOR EMERGENCY AMBULANCE TRANSPORTS	DATE 01-02-02 MSA 02-01

Name	Modifier	Code Numbers
Upper respiratory distress syndrome	<i>Bronchopneumonia, organism unspecified</i>	485
Upper respiratory distress syndrome	<i>Unspecified site</i>	465.9
Vaginal Bleeding	<i>see 'Hemorrhage'</i>	
Ventricular	<i>Paroxysmal ventricular tachycardia</i>	427.1
Ventricular, fibrillation	<i>Ventricular, fibrillation</i>	427.41
Vomiting and nausea	<i>Post-operative</i>	564.3
Vomiting and nausea	<i>Persistent</i>	536.2
Vomiting blood	<i>Hematemesis</i>	578.0
Weakness acute	<i>Other malaise and fatigue</i>	780.79
Wheezing	<i>Wheezing</i>	786.07
Wound arm	<i>Multiple and unspecified open wound of upper arm, without mention of complication</i>	884.0
Wound arm	<i>Complicated</i>	884.1
Wound arm	<i>With tendon involvement</i>	884.2
Wound back	<i>Open wound of back, without mention of complication</i>	876.0
Wound back	<i>Complicated</i>	876.1
Wound chest	<i>Open wound of chest (wall), without mention of complication</i>	875.0
Wound chest	<i>Complicated</i>	875.1
Wound chin	<i>Jaw without mention of complication</i>	873.44
Wound extremity lower	<i>Multiple and unspecified open wound of lower limb, without mention of complication</i>	894.0
Wound extremity lower	<i>Complicated</i>	894.1
Wound extremity lower	<i>With tendon involvement</i>	894.2
Wound extremity upper	<i>Multiple and unspecified open wound of upper limb, without mention of complication</i>	884.0
Wound extremity upper	<i>Complicated</i>	884.1
Wound extremity upper	<i>With tendon involvement</i>	884.2
Wound face	<i>Face, without mention of complication, unspecified site</i>	873.40
Wound finger	<i>Open, without mention of complication</i>	883.0
Wound finger	<i>Complicated</i>	883.1
Wound finger	<i>With tendon involvement</i>	883.2
Wound head	<i>Other and unspecified open wound of head w/o mention of complication</i>	873.8
Wound mouth	<i>Internal structures of mouth, without mention of complication, unspecified site</i>	873.60
Wound neck	<i>Open wound of neck, other and unspecified parts, w/o mention of complication</i>	874.8
Wound scrotum	<i>Scrotum and testes, w/o mention of complication</i>	878.2
Wound vagina	<i>Vagina, w/o mention of complication</i>	878.6